

EXHIBIT 38

EXHIBIT 39

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

Important: This notice explains your right to appeal our decision. Read this notice carefully. If you need help, you can call one of the numbers listed on the last page under "Get help & more information."



P.O. Box 30003, Pittsburgh, PA 15222-0330
1-866-235-5660

NOTICE OF DENIAL OF MEDICARE PART D PRESCRIPTION DRUG COVERAGE

Date: 01/11/2019	
Enrollee's Name: [REDACTED]	Member Number: [REDACTED]
<p>Your request was denied We have denied coverage or payment under your Medicare Part D benefit for the following prescription drug(s) that you or your prescriber requested: LEDIPASVIR/SOFOSBUVIR Tablet</p> <p>Why did we deny your request? We denied this request under Medicare Part D because: Your Medicare Part D drug plan was asked to cover a drug that is not on the formulary (this is called a formulary exception). The generic drug you requested ledipasvir/sofosbuvir is not on your plan's formulary (list of covered drugs). Your plan covers the Brand version of this drug, Harvoni.</p> <p>Both the brand Harvoni and generic version of this drug, ledipasvir/sofosbuvir, would be expected to have the same effectiveness in treating your condition. The brand drug on the formulary and its generic contain the same active medications. They both contain the same inactive ingredients such as dyes, and would be expected to have the same risk of causing adverse effects (side effects). Talk to your prescriber to see if any of the formulary alternative(s) would be right for you.</p> <p>Additional formulary alternatives that may be an appropriate choice for you are:</p> <p>Epclusa (Prior authorization required) Mavyret Tablet (Prior authorization required) Vosevi (Prior authorization required) Zepatier (Prior authorization required)</p> <p>You should share a copy of this decision with your prescriber so you and your prescriber can discuss next steps. If your prescriber requested coverage on your behalf, we have shared this decision with your prescriber.</p>	

What If I Don't Agree With This Decision?

You have the right to appeal. If you want to appeal, you must request your appeal within 60 calendar days after the date of this notice. We can give you more time if you have a good reason for missing the deadline. You have the right to ask us for a **formulary exception** if you believe you need a

[REDACTED]

[REDACTED]

(Expires 02/29/2020)

drug that is not on our list of covered drugs (formulary). You have the right to ask us for a **coverage rule exception** if you believe a rule such as prior authorization or a quantity limit should not apply to you. You can either provide information that shows that you meet the coverage rule that applies to the drug you are requesting or you can ask for a coverage rule exception. You can ask for a **tiering exception** if you believe you should get a drug at a lower cost-sharing amount. Your prescriber must provide a statement to support your exception request.

Who May Request an Appeal?

You, your prescriber, or your representative may request an expedited (fast) or standard appeal. You can name a relative, friend, advocate, attorney, doctor, or someone else to be your representative. Others may already be authorized under State law to be your representative.

You can call us at: 1-866-235-5660 to learn how to appoint a representative. If you have a hearing or speech impairment, please call us at TTY: 711.

IMPORTANT INFORMATION ABOUT YOUR APPEAL RIGHTS

There Are Two Kinds of Appeals You Can Request

Expedited (72 hours): You, your prescriber, or your representative can request an expedited (fast) appeal if you or your prescriber believe that your health could be seriously harmed by waiting up to 7 days for a decision. You cannot request an expedited appeal if you are asking us to pay you back for a prescription drug you already received. If your request to expedite is granted, we must give you a decision no later than 72 hours after we get your appeal.

- * **If your prescriber** asks for an expedited appeal for you, or supports you in asking for one, and indicates that waiting for 7 days could seriously harm your health, **we will automatically expedite your appeal.**
- * If you ask for an expedited appeal without support from your prescriber, we will decide if your health requires an expedited appeal. We will notify you if we do not give you an expedited appeal and we will decide your appeal within 7 days.

Standard (7 days): You, your prescriber, or your representative can request a standard appeal. We must give you a decision no later than 7 days after we get your appeal.

What Do I Include with My Appeal Request?

You should include your name, address, Member number, the reasons for appealing, and any evidence you wish to attach. Remember, your doctor must provide us with a supporting statement if you're requesting an exception to a coverage rule. You should include information about why the coverage rule should not apply to you because of your specific medical condition. If your appeal relates to a decision by us to deny a drug that is not on our formulary, your prescriber must indicate that all the drugs on any tier of our formulary would not be as effective to treat your condition as the requested off-formulary drug or would harm your health.

How Do I Request an Appeal?

For an Expedited Appeal: You, your prescriber, or your representative should contact us by telephone or fax at the numbers below:

Phone: 1-866-235-5660
TTY: 711
Fax: 1-855-633-7673

For a Standard Appeal: You, your prescriber, or your representative should mail or deliver your written appeal request to the address below:

CVS Caremark Part D Appeals and Exceptions
P.O. Box 52000, MC109
Phoenix, AZ 85072-2000
Phone: 1-866-235-5660
TTY: 711

What Happens Next?

If you appeal, we will review your case and give you a decision. If any of the prescription drugs you requested are still denied, you can request an independent review of your case by a reviewer outside of your Medicare Drug Plan. If you disagree with that decision, you will have the right to further appeal. You will be notified of your appeal rights if this happens.

Get help & more information

- SilverScript Choice (PDP) Toll Free: 1-866-235-5660
TTY users call: 711
24 hours a day, 7 days a week
www.silverscript.com
- 1-800-MEDICARE (1-800-633-4227), 24 hours, 7 days a week. TTY users call: 1-877-486-2048
- Medicare Rights Center: 1-888-HMO-9050
- Elder Care Locator: 1-800-677-1116
- State Health Insurance Program National Technical Assistance Center: 877-839-2675

PRA Disclosure Statement According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this collection is 0938-0976. The time required to complete this information collection is estimated to average 30 minutes per response, including the time to review instructions, search existing data resources, and gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Baltimore, Maryland 21244-1850.

CMS does not discriminate in its programs and activities: To request this form in an accessible format (e.g., Braille, Large Print, Audio CD) contact your Medicare Drug Plan. If you need assistance contacting your plan, call: 1-800-MEDICARE.



Request for Redetermination of Medicare Prescription Drug Denial

Because we, SilverScript Choice (PDP), denied your request for coverage of (or payment for) a prescription drug, you have the right to ask us for a redetermination (appeal) of our decision. You have 60 days from the date of our Notice of Denial of Medicare Prescription Drug Coverage to ask us for a redetermination. This form may be sent to us by mail or fax:

Address: CVS Caremark Part D Appeals and Exceptions
P.O. Box 52000, MC109
Phoenix, AZ 85072-2000

Fax Number: 1-855-633-7673

You may also ask us for an appeal through our website at www.silverscript.com. Expedited appeal requests can be made by phone at 1-866-235-5660, TTY: 711, 24 hours a day, 7 days a week.

Who May Make a Request: Your prescriber may ask us for an appeal on your behalf. If you want another individual (such as a family member or friend) to request an appeal for you, that individual must be your representative. Contact us to learn how to name a representative.

Enrollee's Information		
Enrollee's Name _____		Date of Birth _____
Enrollee's Address _____		
City _____	State _____	Zip Code _____
Phone _____		Enrollee's Plan ID Number _____
Complete the following section ONLY if the person making this request is not the enrollee:		
Requestor's Name _____		
Requestor's Relationship to Enrollee _____		
Address _____		
City _____	State _____	Zip Code _____
Phone _____		
<u>Representation documentation for appeal requests made by someone other than enrollee or the enrollee's prescriber:</u>		
<p>Attach documentation showing the authority to represent the enrollee (a completed Authorization of Representation Form CMS-1696 or a written equivalent) if it was not submitted at the coverage determination level. For more information on appointing a representative, contact your plan or 1-800-Medicare, 24 hours a day, 7 days a week. TTY users call: 1-877-486-2048</p>		

Prescription drug you are requesting:	
Name of drug: _____	Strength/quantity/dose: _____
Have you purchased the drug pending appeal? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If "Yes": Date purchased: _____	Amount paid: \$ _____ (attach copy of receipt)
Name and telephone number of pharmacy: _____	

Prescriber's Information		
Name _____		
Address _____		
City _____	State _____	Zip Code _____
Office Phone _____	Fax _____	
Office Contact Person _____		

Important Note: Expedited Decisions

If you or your prescriber believe that waiting 7 days for a standard decision could seriously harm your life, health, or ability to regain maximum function, you can ask for an expedited (fast) decision. If your prescriber indicates that waiting 7 days could seriously harm your health, we will automatically give you a decision within 72 hours. If you do not obtain your prescriber's support for an expedited appeal, we will decide if your case requires a fast decision. You cannot request an expedited appeal if you are asking us to pay you back for a drug you already received.

☐ **CHECK THIS BOX IF YOU BELIEVE YOU NEED A DECISION WITHIN 72 HOURS**

(If you have a supporting statement from your prescriber, attach it to this request.)

Please explain your reasons for appealing. Attach additional pages, if necessary. Attach any additional information you believe may help your case, such as a statement from your prescriber and relevant medical records. You may want to refer to the explanation we provided in the Notice of Denial of Medicare Prescription Drug Coverage.

Signature of person requesting the appeal (the enrollee, or the enrollee's prescriber or representative): _____	Date: _____
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SilverScript is a Prescription Drug Plan with a Medicare contract offered by SilverScript Insurance Company. Enrollment in SilverScript depends on contract renewal.

ATENCIÓN: Si usted habla español, tenemos servicios de asistencia lingüística disponibles para usted

sin costo alguno. Llame al 1-866-235-5660 (TTY: 711).

The formulary may change at any time. You will receive notice when necessary.

EXHIBIT 40

CAREMARK		PeopleSafe®		Close	
Eligibility Maintenance Participant Inquiry Resolution Manager Medicare D Inquiry		View Opportunities		Tools: Select A Tool	
Client: [REDACTED] - SILVERSCRIPT-INDIV-ENROLL		System: RXCLAIM			
External ID	Name	Gndr	Relationship	Born	Effective
[REDACTED]	[REDACTED]	M	MEMBER	[REDACTED] 1952	01-01-2020
					Expiration
					12-31-2039
Main Screen Financial Details View Activity Prescription History Test Claim Plan Benefit Override Account Balance Explanation of Benefits Transaction History Communication History Caremark.com					
Pharmacy Network Retail Transaction Plan Summary FSA/HSA/HRA History Coordination of Benefits Order Placement Adjustments Client Managed G & A View Triggers					
Prescription for:		Delivery System:		POINT OF SALE	
Prescription Number:		Pharmacy NPI:		Dispense As Written:	
[REDACTED] MEMBER		[REDACTED]		Drug Price Type:	
Go to Reimbursement..				0 - NO DAW	
Drug NDC:		Pharmacy NCPDP:		Drug Price Source:	
Drug Name:		Pharmacy Name:		Client Claim Price Type:	
72626270101		[REDACTED]		MEDISPAN	
SCFOSBLUMIR-VELPATASVIR				Pharmacy Claim Price Type:	
Participant Pay		Client Pay		Pharmacy Pay:	
Participant Copay:		Usual and Customary:		Usual and Customary:	
Initial Copay: 0.00		Cost Submitted: 9600.00		Cost Allowed: 8083.20	
Gap Copay: 0.00		Cost Allowed: 8083.20		Other Payer Recognized: 0.00	
Catastrophic Copay: 0.00		Other Payer Recognized: 0.00		Dispensing Fee: 0.50	
Network Penalty: 0.00		Dispensing Fee: 0.50		Level Of Effort Fee: 0.00	
Deductible: 0.00		Level Of Effort Fee: 0.00		Administration Fee: 0.00	
MAC / DAW Penalty: 0.00		Administration Fee: 0.00		Performance / Service Fee: 0.00	
Non Formulary Penalty: 0.00		Performance / Service Fee: 0.00		Sales Tax: 0.00	
After MAB: 0.00		Sales Tax: 0.00		PDP Service Fee: 0.00	
- FSA Contribution Amount: 0.00		PRX Fee Amount: 0.00		Other Amount Paid: 0.00	
- HRA Contribution Amount: 0.00		Client Billed Cost: 0.00			
+ COB Non Covered Amt: 0.00		-----		Total Pharmacy	
=====		Total Client Cost: 8083.70		Reimbursement: 8083.70	
Participant Cost: 0.00					
Health Reimbursement Account:		Miscellaneous			
Benefits: 0.00		Applied To Out of Pocket: 0.00			
Member Access Fee:		Applied To TROOP: 0.00			
Amount Used: 0.00		Applied To OOPM/MOOP: 0.00			
HRA Remaining Balance: 0.00		Paid by Other Insurance: 0.00			
		Alternate Amount Paid: 0.00			
Med D Financials:		Previous Amount Paid: 0.00			
LICS Paid by Plan: 404.18		In Network Accumulation: 0.00			
SPAPIntegrator Paid Amt: 0.00		Out of Network Accumulation: 0.00			
Reported Gap Discount: 0.00					
Deductible Gross Cost: 0.00					
Deductible Plan Pay: 0.00					
Initial Gross Cost: 0.00					
Initial Plan Pay: 0.00					
Gap Gross Cost: 0.00					
Gap Plan Pay: 0.00					
Catastrophic Gross Cost: 8083.70					
Catastrophic Plan Pay: 7679.52					
View Settlement Codes		View Comments		Back	

Pharmacy Reimbursement

Reimbursement Type:
Reimbursement Number:
Reimbursement Amount:
Posting Date:
Reporting Number:

Reversal

Reimbursement Type:
Reimbursement Number:
Reimbursement Amount:
Posting Date:
Reporting Number:

View Reimbursements

Recipient

Name:
Alternate Name:
Address:
City:
State:
Zip:

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EXHIBIT 41

Peoplesafe

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CAREMARK
PeopleSafe®
Close

[Eligibility Maintenance](#)
[Participant Inquiry](#)
[Resolution Manager](#)
[Medicare D Inquiry](#)

View Opportunities

Tools:
-- Select A Tool --

Client: SILVERSCRIPT-INDIV-ENROLL **System:** RXCLAIM
External ID: [REDACTED] **Name:** [REDACTED] **Gndr:** M **Relationship:** MEMBER **Born:** 1952 **Effective:** 01-01-2020 **Expiration:** 12-31-2039

[Main Screen](#)
[Financial Details](#)
[View Activity](#)
[Prescription History](#)
[Test Claim](#)
[Plan Benefit Overview](#)
[Account Balance](#)
[Explanation of Benefits](#)
[Transaction History](#)
[Communication History](#)
[Caremark.com](#)

[Pharmacy Network](#)
[Retail Transaction](#)
[Plan Summary](#)
[FSA/HSA/HRA History](#)
[Coordination of Benefits](#)
[Order Placement](#)
[Adjustments](#)
[Client Managed G & A](#)
[View Triggers](#)

Prescription for: [REDACTED] MEMBER **Delivery System:** POINT OF SALE
Prescription Number: [REDACTED] [Go to Reimbursement](#) **Pharmacy NPI:** [REDACTED]
Drug NDC: 61958220101 **Pharmacy NCPDP:** [REDACTED]
Drug Name: [EPLUSA](#) **Pharmacy Name:** [CAREMARK SPECIALTY PHARMACY](#)

Dispense As Written: 0 - NO DAW
Drug Price Type: AVERAGE WHOLESALE PRICE
Drug Price Source: MEDISPAN
Client Claim Price Type: MEDISPAN

Pharmacy Claim Price Type:

Participant Pay

Participant Copy:	8.50
Initial Copy:	1256.51
Gap Copy:	3831.11
Catastrophic Copy:	0.00
Network Penalty:	0.00
Deductible:	0.00
MAC / DAW Penalty:	0.00
Non Formulary Penalty:	0.00
After MAB:	0.00
- FSA Contribution Amount:	0.00
- HRA Contribution Amount:	0.00
+ COB Non Covered Amt:	0.00
=====	
Participant Cost:	8.50

Client Pay

Usual and Customary:	
Cost Submitted:	52332.00
Cost Allowed:	25179.17
Other Payer Recognized:	0.00
Dispensing Fee:	0.50
Level Of Effort Fee:	0.00
Administration Fee:	0.00
Performance / Service Fee:	0.00
Sales Tax:	0.00
PRX Fee Amount:	0.00
Client Billed Cost:	0.00

Total Client Cost:	25171.17

Pharmacy Pay:

Usual and Customary:	
Cost Allowed:	25179.17
Other Payer Recognized:	0.00
Dispensing Fee:	0.50
Level Of Effort Fee:	0.00
Administration Fee:	0.00
Performance / Service Fee:	0.00
Sales Tax:	0.00
PDP Service Fee:	0.00
Other Amount Paid:	0.00

Total Pharmacy Reimbursement:	25171.17

Health Reimbursement Account:

Benefits:	0.00
Member Access Fee:	
Amount Used:	0.00
HRA Remaining Balance:	0.00

Miscellaneous

Applied To Out of Pocket:	0.00
Applied To TROOP:	0.00
Applied To OOPM/MOOP:	0.00
Paid by Other Insurance:	0.00
Alternate Amount Paid:	0.00
Previous Amount Paid:	0.00
In Network Accumulation:	0.00
Out of Network Accumulation:	0.00

Med D Financials:

LICS Paid by Plan:	5956.16
SPAP/Integrator Paid Amt:	0.00
Reported Gap Discount:	0.00
Deductible Gross Cost:	0.00
Deductible Plan Pay:	0.00
Initial Gross Cost:	3807.62
Initial Plan Pay:	2551.11
Gap Gross Cost:	3831.11
Gap Plan Pay:	0.00
Catastrophic Gross Cost:	17540.94
Catastrophic Plan Pay:	16663.90

View Settlement Codes

View Comments

Back

Pharmacy Reimbursement

 Reimbursement Type:
 Reimbursement Number:
 Reimbursement Amount:
 Posting Date:
 Reporting Number:

Recipient

 Name:
 Alternate Name:
 Address:
 City:
 State:
 Zip:

Reversal
 Reimbursement Type:
 Reimbursement Number:
 Reimbursement Amount:
 Posting Date:
 Reporting Number:

View Reimbursements

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EXHIBIT 42

Peoplesafe

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CAREMARK		PeopleSafe®		Close																																														
Eligibility Maintenance	Participant Inquiry	Resolution Manager	Medicare D Inquiry	Tools: -- Select A Tool --																																														
View Opportunities																																																		
Client: [REDACTED] SILVERSCRIPT-INDIV-ENROLL System: RXCLAIM																																																		
External ID	Name	Gndr	Relationship	DOB	Effective																																													
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Prescription for: [REDACTED] MEMBER		Delivery System: POINT OF SALE		Dispense As Written: 0 - NO DAW																																														
Prescription Number: [REDACTED] Go to Reimbursement...		Pharmacy NPI: [REDACTED]		Drug Price Type: AVERAGE WHOLESALE PRICE																																														
Drug NDC: 61958220101		Pharmacy NCPDP: [REDACTED]		Drug Price Source: MEDISPAN																																														
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<table border="0"> <tr> <td>Participant Pay</td> <td>Client Pay</td> <td>Pharmacy Pay:</td> </tr> <tr> <td>Participant Copy:</td> <td>Usual and Customary:</td> <td>Usual and Customary:</td> </tr> <tr> <td>Initial Copy:</td> <td>Cost Submitted:</td> <td>Cost Allowed:</td> </tr> <tr> <td>Gap Copy:</td> <td>Cost Allowed:</td> <td>Other Payer Recognized:</td> </tr> <tr> <td>Catastrophic Copy:</td> <td>Other Payer Recognized:</td> <td>Dispensing Fee:</td> </tr> <tr> <td>Network Penalty:</td> <td>Dispensing Fee:</td> <td>Level Of Effort Fee:</td> </tr> <tr> <td>Deductible:</td> <td>Level Of Effort Fee:</td> <td>Administration Fee:</td> </tr> <tr> <td>MAC / DAW Penalty:</td> <td>Administration Fee:</td> <td>Performance / Service Fee:</td> </tr> <tr> <td>Non Formulary Penalty:</td> <td>Performance / Service Fee:</td> <td>Sales Tax:</td> </tr> <tr> <td>After MAB:</td> <td>Sales Tax:</td> <td>PDP Service Fee:</td> </tr> <tr> <td>- FSA Contribution Amount:</td> <td>PRX Fee Amount:</td> <td>Other Amount Paid:</td> </tr> <tr> <td>- HRA Contribution Amount:</td> <td>Client Billed Cost:</td> <td></td> </tr> <tr> <td>- COB Non Covered Amt:</td> <td></td> <td></td> </tr> <tr> <td>=====</td> <td>Total Client Cost:</td> <td>Total Pharmacy Reimbursement:</td> </tr> <tr> <td>Participant Cost:</td> <td>25179.67</td> <td>25179.67</td> </tr> </table>						Participant Pay	Client Pay	Pharmacy Pay:	Participant Copy:	Usual and Customary:	Usual and Customary:	Initial Copy:	Cost Submitted:	Cost Allowed:	Gap Copy:	Cost Allowed:	Other Payer Recognized:	Catastrophic Copy:	Other Payer Recognized:	Dispensing Fee:	Network Penalty:	Dispensing Fee:	Level Of Effort Fee:	Deductible:	Level Of Effort Fee:	Administration Fee:	MAC / DAW Penalty:	Administration Fee:	Performance / Service Fee:	Non Formulary Penalty:	Performance / Service Fee:	Sales Tax:	After MAB:	Sales Tax:	PDP Service Fee:	- FSA Contribution Amount:	PRX Fee Amount:	Other Amount Paid:	- HRA Contribution Amount:	Client Billed Cost:		- COB Non Covered Amt:			=====	Total Client Cost:	Total Pharmacy Reimbursement:	Participant Cost:	25179.67	25179.67
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	Out of Network Accumulation:																																																	
<table border="0"> <tr> <td>Med D Financials:</td> <td></td> </tr> <tr> <td>LICS Paid by Plan:</td> <td>1258.98</td> </tr> <tr> <td>SPAP/Integrator Paid Amt:</td> <td>0.00</td> </tr> <tr> <td>Reported Gap Discount:</td> <td>0.00</td> </tr> <tr> <td>Deductible Gross Cost:</td> <td>0.00</td> </tr> <tr> <td>Deductible Plan Pay:</td> <td>0.00</td> </tr> <tr> <td>Initial Gross Cost:</td> <td>0.00</td> </tr> <tr> <td>Initial Plan Pay:</td> <td>0.00</td> </tr> <tr> <td>Gap Gross Cost:</td> <td>0.00</td> </tr> <tr> <td>Gap Plan Pay:</td> <td>0.00</td> </tr> <tr> <td>Catastrophic Gross Cost:</td> <td>25179.67</td> </tr> <tr> <td>Catastrophic Plan Pay:</td> <td>23920.69</td> </tr> </table>						Med D Financials:		LICS Paid by Plan:	1258.98	SPAP/Integrator Paid Amt:	0.00	Reported Gap Discount:	0.00	Deductible Gross Cost:	0.00	Deductible Plan Pay:	0.00	Initial Gross Cost:	0.00	Initial Plan Pay:	0.00	Gap Gross Cost:	0.00	Gap Plan Pay:	0.00	Catastrophic Gross Cost:	25179.67	Catastrophic Plan Pay:	23920.69																					
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View Settlement Codes		View Comments		Back																																														
Pharmacy Reimbursement Reimbursement Type: Reimbursement Number: Reimbursement Amount: Posting Date: Reporting Number:			Recipient Name: Alternate Name: Address: City: State: Zip:																																															
Reversal Reimbursement Type: Reimbursement Number: Reimbursement Amount: Posting Date: Reporting Number:			Go to top																																															
View Reimbursements																																																		

EXHIBIT 43

CAREMARK				PeopleSafe®				Close	
Eligibility Maintenance Participant Inquiry Resolution Manager Medicare D Inquiry				View Opportunities				Tools: Select A Tool	
Client: ██████ SILVERSCRIPT-INDIV-ENROLL System: RXCLAIM									
External ID		Name		Gndr M	Relationship MEMBER		Born ██████ 1952	Effective 01-01-2020	Expiration 12-31-2039
Main Screen		View Activity		Prescription History	Test Claim	Plan Benefit Override	Account Balance	Explanation of Benefits	Transaction History
Financial Details								Communication History	Caremark.com
Pharmacy Network		Retail Transaction	Plan Summary	FSA/HSA/HRA History	Coordination of Benefits	Order Placement	Adjustments	Client Managed G & A	View Triggers
Prescription for: ██████ MEMBER				Delivery System:		POINT OF SALE		Dispense As Written:	
Prescription Number: ██████ Go to Reimbursement...				Pharmacy NPI: ██████				Drug Price Type: 0 - NO DAW AVERAGE WHOLESALE PRICE	
Drug NDC: 61958220101				Pharmacy NCPDP: ██████				Drug Price Source: MEDISPAN	
Drug Name: EPCLUSA				Pharmacy Name: ██████				Client Claim Price Type:	
								Pharmacy Claim Price Type:	
Participant Pay									
Participant Copay:		0.00		Client Pay		Usual and Customary:		Pharmacy Pay:	
Initial Copay:		0.00		Cost Submitted:		29904.00		Cost Allowed:	
Gap Copay:		0.00		Cost Allowed:		25179.17		Other Payer Recognized:	
Catastrophic Copay:		0.00		Other Payer Recognized:		0.00		Dispensing Fee:	
Network Penalty:		0.00		Dispensing Fee:		0.50		Level Of Effort Fee:	
Deductible:		0.00		Level Of Effort Fee:		0.50		Administration Fee:	
MAC / DAW Penalty:		0.00		Administration Fee:		0.00		Performance / Service Fee:	
Non Formulary Penalty:		0.00		Performance / Service Fee:		0.00		Sales Tax:	
After MAB:		0.00		Sales Tax:		0.00		PDP Service Fee:	
- FSA Contribution Amount:		0.00		PRX Fee Amount:		0.00		Other Amount Paid:	
- HRA Contribution Amount:		0.00		Client Billed Cost:		0.00			
+ COB Non Covered Amt:		0.00						Total Pharmacy Reimbursement:	
		=====		Total Client Cost:		25179.67		25179.67	
Participant Cost:		0.00							
Health Reimbursement Account:									
Benefits:		0.00		Miscellaneous					
Member Access Fee:				Applied To Out of Pocket:		0.00			
Amount Used:		0.00		Applied To TROOP:		0.00			
HRA Remaining Balance:		0.00		Applied To OOPM/MOOP:		0.00			
				Paid by Other Insurance:		0.00			
				Alternate Amount Paid:		0.00			
				Previous Amount Paid:		0.00			
				In Network Accumulation:		0.00			
				Out of Network Accumulation:		0.00			
Med D Financials:									
LICS Paid by Plan:		1258.98							
SPAP/Integrator Paid Amt:		0.00							
Reported Gap Discount:		0.00							
Deductible Gross Cost:		0.00							
Deductible Plan Pay:		0.00							
Initial Gross Cost:		0.00							
Initial Plan Pay:		0.00							
Gap Gross Cost:		0.00							
Gap Plan Pay:		0.00							
Catastrophic Gross Cost:		25179.67							
Catastrophic Plan Pay:		23920.69							
View Settlement Codes		View Comments		Back					

Pharmacy
Reimbursement

Reimbursement Type:
Reimbursement Number:
Reimbursement Amount:
Posting Date:
Reporting Number:

Reversal

Reimbursement Type:
Reimbursement Number:
Reimbursement Amount:
Posting Date:
Reporting Number:

View Reimbursements

Recipient

Name:
Alternate Name:
Address:
City:
State:
Zip:

[Go to top](#)

EXHIBIT 44

Mail		All									
Delivery System Method	Order	Participant	Rx Number	Posted / Future Fill	Filled	Dispensed Drug	Pharmacy	Fills Left / Next Refill	Status Date / Status	Ship Method / Tracking	
POINT OF SALE				02-12-2019	02-12-2019	90MG-400MG HARVONI-TABLET-90MG-400MG			Reversal		^
POINT OF SALE				02-12-2019	02-12-2019	HARVONI-TABLET-90MG-400MG			Rejected		
POINT OF SALE				02-06-2019	02-06-2019	HARVONI-TABLET-90MG-400MG			Rejected		
POINT OF SALE				02-06-2019	02-06-2019	LEDIPASVIR-SOFOSBUVIR-TABLET-90MG-400MG			Rejected		v
Maintain Patient Profile		Order Card, Kit		Order Fulfillment		View Comments		Maintain Payment Options		Eligibility	Clear

EXHIBIT 45

(Rev 01/2019)

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

Important: This notice explains your right to appeal our decision. Read this notice carefully. If you need help, you can call one of the numbers listed on the last page under "Get help & more information."

SilverScript®

P.O. Box 30003, Pittsburgh, PA 15222-0330
1-866-235-5660

NOTICE OF DENIAL OF MEDICARE PART D PRESCRIPTION DRUG COVERAGE

Date: 02/12/2019

Enrollee's Name:

Member Number:

Your request was denied

We have denied coverage or payment under your Medicare Part D benefit for the following prescription drug(s) that you or your prescriber requested: LEDIPASVIR/SOFOSBUVIR Tablet

Why did we deny your request?

We denied this request under Medicare Part D because: Your Medicare Part D drug plan was asked to cover a drug that is not on the formulary (this is called a formulary exception). The generic drug you requested ledipasvir/sofosbuvir is not on your plan's formulary (list of covered drugs). Your plan covers the Brand version of this drug, Harvoni.

Both the brand Harvoni and generic version of this drug, ledipasvir/sofosbuvir, would be expected to have the same effectiveness in treating your condition. The brand drug on the formulary and its generic contain the same active medications. They both contain the same inactive ingredients such as dyes, and would be expected to have the same risk of causing adverse effects (side effects). Talk to your prescriber to see if any of the formulary alternative(s) would be right for you.

Additional formulary alternatives that may be an appropriate choice for you are:

Epclusa (Prior authorization required)
Mavyret Tablet (Prior authorization required)
Vosevi (Prior authorization required)

(Rev 01/2019)

Zepatier (Prior authorization required)

You should share a copy of this decision with your prescriber so you and your prescriber can discuss next steps. If your prescriber requested coverage on your behalf, we have shared this decision with your prescriber.

What If I Don't Agree With This Decision?

You have the right to appeal. If you want to appeal, you must request your appeal within 60 calendar days after the date of this notice. We can give you more time if you have a good reason for missing the deadline. You have the right to ask us for a **formulary exception** if you believe you need a drug that is not on our list of covered drugs (formulary). You have the right to ask us for a **coverage rule exception** if you believe a rule such as prior authorization or a quantity limit should not apply to you. You can either provide information that shows that you meet the coverage rule that applies to the drug you are requesting or you can ask for a coverage rule exception. You can ask for a **tiering exception** if you believe you should get a drug at a lower cost-sharing amount. Your prescriber must provide a statement to support your exception request.

Who May Request an Appeal?

You, your prescriber, or your representative may request an expedited (fast) or standard appeal. You can name a relative, friend, advocate, attorney, doctor, or someone else to be your representative. Others may already be authorized under State law to be your representative.

You can call us at: 1-866-235-5660 to learn how to appoint a representative. If you have a hearing or speech impairment, please call us at TTY: 711.

(Rev 01/2019)

IMPORTANT INFORMATION ABOUT YOUR APPEAL RIGHTS

There Are Two Kinds of Appeals You Can Request

Expedited (72 hours): You, your prescriber, or your representative can request an expedited (fast) appeal if you or your prescriber believe that your health could be seriously harmed by waiting up to 7 days for a decision. You cannot request an expedited appeal if you are asking us to pay you back for a prescription drug you already received. If your request to expedite is granted, we must give you a decision no later than 72 hours after we get your appeal.

- * **If your prescriber** asks for an expedited appeal for you, or supports you in asking for one, and indicates that waiting for 7 days could seriously harm your health, **we will automatically expedite your appeal.**
- * If you ask for an expedited appeal without support from your prescriber, we will decide if your health requires an expedited appeal. We will notify you if we do not give you an expedited appeal and we will decide your appeal within 7 days.

Standard (7 days): You, your prescriber, or your representative can request a standard appeal. We must give you a decision no later than 7 days after we get your appeal. If your appeal is for payment of a drug you've already received, we'll give you a written decision within 14 days.

What Do I Include with My Appeal Request?

You should include your name, address, Member number, the reasons for appealing, and any evidence you wish to attach. Remember, your doctor must provide us with a supporting statement if you're requesting an exception to a coverage rule. You should include information about why the coverage rule should not apply to you because of your specific medical condition. If your appeal relates to a decision by us to deny a drug that is not on our formulary, your prescriber must indicate that all the drugs on any tier of our formulary would not be as effective to treat your condition as the requested off-formulary drug or would harm your health.

How Do I Request an Appeal?

For an Expedited Appeal: You, your prescriber, or your representative should contact us by telephone or fax at the numbers below:

Phone: 1-866-235-5660
TTY: 711
Fax: 1-855-633-7673

For a Standard Appeal: You, your prescriber, or your representative should mail or deliver your written appeal request to the address below:

CVS Caremark Part D Appeals and Exceptions
P.O. Box 52000, MC109
Phoenix, AZ 85072-2000
Phone: 1-866-235-5660
TTY: 711

(Rev 01/2019)

What Happens Next?

If you appeal, we will review your case and give you a decision. If any of the prescription drugs you requested are still denied, you can request an independent review of your case by a reviewer outside of your Medicare Drug Plan. If you disagree with that decision, you will have the right to further appeal. You will be notified of your appeal rights if this happens.

Get help & more information

- SilverScript Choice (PDP) Toll Free: 1-866-235-5660
TTY users call: 711
24 hours a day, 7 days a week
www.silverscript.com
- 1-800-MEDICARE (1-800-633-4227), 24 hours, 7 days a week. TTY users call: 1-877-486-2048
- Medicare Rights Center: 1-888-HMO-9050
- Elder Care Locator: 1-800-677-1116
- State Health Insurance Program National Technical Assistance Center: 877-839-2675

PRA Disclosure Statement According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this collection is 0938-0976. The time required to complete this information collection is estimated to average 30 minutes per response, including the time to review instructions, search existing data resources, and gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Baltimore, Maryland 21244-1850.

CMS does not discriminate in its programs and activities: To request this form in an accessible format (e.g., Braille, Large Print, Audio CD) contact your Medicare Drug Plan. If you need assistance contacting your plan, call: 1-800-MEDICARE.



Request for Redetermination of Medicare Prescription Drug Denial

Because we, SilverScript Choice (PDP), denied your request for coverage of (or payment for) a prescription drug, you have the right to ask us for a redetermination (appeal) of our decision. You have 60 days from the date of our Notice of Denial of Medicare Prescription Drug Coverage to ask us for a redetermination. This form may be sent to us by mail or fax:

Address:
CVS Caremark Part D Appeals and Exceptions
P.O. Box 52000, MC109
Phoenix, AZ 85072-2000

Fax Number:
1-855-633-7673

You may also ask us for an appeal through our website at www.silverscript.com. Expedited appeal requests can be made by phone at 1-866-235-5660, TTY: 711, 24 hours a day, 7 days a week.

Who May Make a Request: Your prescriber may ask us for an appeal on your behalf. If you want another individual (such as a family member or friend) to request an appeal for you, that individual must be your representative. Contact us to learn how to name a representative.

Enrollee's Information	
Enrollee's Name _____	Date of Birth _____
Enrollee's Address _____	
City _____	State _____ Zip Code _____
Phone _____	Enrollee's Plan ID Number _____
Complete the following section ONLY if the person making this request is not the enrollee:	
Requestor's Name _____	
Requestor's Relationship to Enrollee _____	



Address _____ City _____ State _____ Zip Code _____ Phone _____
<u>Representation documentation for appeal requests made by someone other than enrollee or the enrollee's prescriber:</u> Attach documentation showing the authority to represent the enrollee (a completed Authorization of Representation Form CMS-1696 or a written equivalent) if it was not submitted at the coverage determination level. For more information on appointing a representative, contact your plan or 1-800-Medicare, 24 hours a day, 7 days a week. TTY users call: 1-877-486-2048
Prescription drug you are requesting: Name of drug: _____ Strength/quantity/dose: _____ Have you purchased the drug pending appeal? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes": Date purchased: _____ Amount paid: \$ _____ (attach copy of receipt) Name and telephone number of pharmacy: _____

Prescriber's Information Name _____ Address _____ City _____ State _____ Zip Code _____ Office Phone _____ Fax _____ Office Contact Person _____
--

Important Note: Expedited Decisions

If you or your prescriber believe that waiting 7 days for a standard decision could seriously harm your life, health, or ability to regain maximum function, you can ask for an expedited (fast) decision. If your prescriber indicates that waiting 7 days could seriously harm your health, we will automatically give you a decision within 72 hours. If you do not obtain your prescriber's support for an expedited appeal, we will decide if your case requires a fast decision. You cannot request an expedited appeal if you are asking us to pay you back for a drug you already received.

☐ **CHECK THIS BOX IF YOU BELIEVE YOU NEED A DECISION WITHIN 72 HOURS**
(If you have a supporting statement from your prescriber, attach it to this request.)

Please explain your reasons for appealing. Attach additional pages, if necessary. Attach any additional information you believe may help your case, such as a statement from your prescriber and relevant medical records. You may want to refer to the explanation we provided in the Notice of Denial of Medicare Prescription Drug Coverage.

Signature of person requesting the appeal (the enrollee, or the enrollee's prescriber or representative): _____ Date: _____
--

SilverScript is a Prescription Drug Plan with a Medicare contract offered by SilverScript Insurance Company. Enrollment in SilverScript depends on contract renewal.

ATENCIÓN: Si usted habla español, tenemos servicios de asistencia lingüística disponibles para usted sin costo alguno. Llame al 1-866-235-5660 (TTY: 711).

The formulary may change at any time. You will receive notice when necessary.

EXHIBIT 46

EXHIBIT 47

Peoplesafe

Page 1 of 1

CAREMARK **PeopleSafe®** Close

Eligibility Maintenance N W Participant Inquiry N W Resolution Manager N W Medicare Inquiry N W View Opportunities Tools: -- Select A Tool --

Client: [REDACTED] **SILVERSCRIPT-INDIV-ENROLL** **System:** RXCLAIM

External ID: [REDACTED] **Name:** [REDACTED] **Gndr:** F **Relationship:** MEMBER **Born:** [REDACTED] 1942 **Effective:** 01-01-2020 **Expiration:** 12-31-2039

Pharmacy Network: [REDACTED] **Prescription History:** [REDACTED] **Test Claim:** [REDACTED] **Plan Benefit Override:** [REDACTED] **Account Balance:** [REDACTED] **Explanation of Benefits:** [REDACTED] **Transaction History:** [REDACTED] **Communication History:** [REDACTED] **Caremark.com:** [REDACTED]

Pharmacy Transaction: [REDACTED] **Plan Summary:** [REDACTED] **FSA/HSA/HRA History:** [REDACTED] **Coordination of Benefits:** [REDACTED] **Order Placement:** [REDACTED] **Adjustments:** [REDACTED] **Client Managed G & A:** [REDACTED] **View Triggers:** [REDACTED]

Prescription for: [REDACTED] **MEMBER** **Delivery System:** POINT OF SALE **Dispense As Written:** 0 - NO DAW **Drug Price Type:** AVERAGE WHOLESALE PRICE

Prescription Number: [REDACTED] **Go to Reimbursement...** **Pharmacy NPI:** [REDACTED] **Drug Price Source:** MEDISPAN

Drug NDC: 72626270101 **Pharmacy NCPDP:** [REDACTED] **Drug Price Source:** MEDISPAN

Drug Name: [SOFOSBUIR-VELPATASVIR](#) **Pharmacy Name:** [REDACTED] **Pharmacy Claim Price Type:** [REDACTED]

Participant Pay Participant Copay: 0.00 Initial Copay: 0.00 Gap Copay: 0.00 Catastrophic Copay: 0.00 Network Penalty: 0.00 Deductible: 0.00 MAC / DAW Penalty: 0.00 Non Formulary Penalty: 0.00 After MAB: 0.00 - FSA Contribution Amount: 0.00 - HRA Contribution Amount: 0.00 - COB Non Covered Amt: 0.00 Participant Cost: 0.00	Client Pay Usual and Customary: 11520.00 Cost Submitted: 8064.00 Cost Allowed: 8064.00 Other Payer Recognized: 0.00 Dispensing Fee: 0.40 Level Of Effort Fee: 0.00 Administration Fee: 0.00 Performance / Service Fee: 0.00 Sales Tax: 0.00 PRX Fee Amount: 0.00 Client Billed Cost: 0.00 Total Client Cost: 8064.40	Pharmacy Pay: Usual and Customary: 8064.00 Other Payer Recognized: 0.00 Dispensing Fee: 0.40 Level Of Effort Fee: 0.00 Administration Fee: 0.00 Performance / Service Fee: 0.00 Sales Tax: 0.00 PDP Service Fee: 0.00 Other Amount Paid: 0.00 Total Pharmacy Reimbursement: 8064.40
--	---	--

Health Reimbursement Account: Benefits: 0.00 Member Access Fee: 0.00 Amount Used: 0.00 HRA Remaining Balance: 0.00	Miscellaneous Applied To Out of Pocket: 0.00 Applied To TrOOP: 0.00 Applied To OOPM/MOOP: 0.00 Paid by Other Insurance: 0.00 Alternate Amount Paid: 0.00 Previous Amount Paid: 0.00 In Network Accumulation: 0.00 Out of Network Accumulation: 0.00
---	--

Med D Financials: LICs Paid by Plan: 403.22 SPAP/Integrator Paid Amt: 0.00 Reported Gap Discount: 0.00 Deductible Gross Cost: 0.00 Deductible Plan Pay: 0.00 Initial Gross Cost: 0.00 Initial Plan Pay: 0.00 Gap Gross Cost: 0.00 Gap Plan Pay: 0.00 Catastrophic Gross Cost: 8064.40 Catastrophic Plan Pay: 7661.18	
--	--

View Settlement Codes View Comments Back

Pharmacy Reimbursement

Reimbursement Type:
 Reimbursement Number:
 Reimbursement Amount:
 Posting Date:
 Reporting Number:

Reversal

Reimbursement Type:
 Reimbursement Number:
 Reimbursement Amount:
 Posting Date:
 Reporting Number:

[View Reimbursements](#)

Recipient

Name:
 Alternate Name:
 Address:
 City:
 State:
 Zip:

[Go to top...](#)

EXHIBIT 48



P.O. Box 30013, Pittsburgh, PA 15222-0330

March 20, 2019

[REDACTED]
[REDACTED] NJ [REDACTED]

**YOUR DRUG IS NOT ON OUR LIST OF COVERED DRUGS (FORMULARY)
OR IS SUBJECT TO CERTAIN LIMITS**

Dear [REDACTED]:

We want to tell you that SilverScript Choice (PDP) has provided you with a temporary supply of the following prescription: SOFOS/VELPAT TAB 400-100.

This drug is either not included on our list of covered drugs (called our formulary), or it's included on the formulary but subject to certain limits, as described in more detail later in this letter. SilverScript Choice (PDP) is required to provide you with a temporary supply of this drug. If your prescription is written for fewer than 30 days, we'll allow multiple fills to provide up to a maximum 30-day supply of medication.

It's important to understand that this is a temporary supply of this drug. Well before you run out of this drug, you should speak to SilverScript Choice (PDP) and/or the prescriber about:

- changing the drug to another drug that is on our formulary; or
- requesting approval for the drug by demonstrating that you meet our criteria for coverage; or
- requesting an exception from our criteria for coverage.

When you request approval for coverage or an exception from coverage criteria, these are called coverage determinations. Don't assume that any coverage determination, including any exception, you have requested or appealed has been approved just because you receive more fills of a drug. If we approve coverage, then we'll send you another written notice.

If you need assistance in requesting a coverage determination, including an exception, or if you want more information about when we will cover a temporary supply of a drug, contact us at 1-866-235-5660. TTY users should call 711. Live representatives are available 24 hours a day, 7 days a week. You can ask us for a coverage determination at any time. **Instructions on how to change your current prescription, how to ask for a coverage determination (including an exception), and how to appeal a denial if you disagree with our coverage determination are discussed at the end of this letter.**

The following is a specific explanation of why your drug is not covered or is limited.

Name of Drug: SOFOS/VELPAT TAB 400-100

Date Filled: 03/18/2019

Reason for Notification: This drug is not on our formulary. We will not continue to pay for this drug after you have received the maximum 30 days' temporary supply that we are required to cover unless you obtain a formulary exception from us.

How do I change my prescription?

If your drug is not on our formulary, or is on our formulary but we have placed a limit on it, you can ask us what other drug used to treat your medical condition is on our formulary, ask us to approve coverage by showing that you meet our criteria, or ask us for an exception. We encourage you to ask your prescriber if this other drug that we cover is an option for you. You have the right to request an exception from us to cover your drug that was originally prescribed. If you ask for an exception, your prescriber will need to provide us with a statement explaining why a prior authorization, quantity limit, or other limit we have placed on your drug is not medically appropriate for you.

How do I request a coverage determination, including an exception?

You or your prescriber may contact us to request a coverage determination, including an exception. The toll-free phone number is 1-866-235-5660 (TTY users should call 711), or you may fax to 1-855-633-7673, or you may write to us at: SilverScript Insurance Company Prescription Drug Plans Coverage Decisions and Appeals Department, P.O. Box 52000, MC 109, Phoenix, AZ 85072-2000. We are available 24 hours a day, 7 days a week.

If you are requesting coverage of a drug that is not on our formulary or an exception to a coverage rule, your prescriber must provide a statement supporting your request. It may be helpful to bring this notice with you to the prescriber or send a copy to his or her office. If the exception request involves a drug that is not on our formulary, the prescriber's statement must indicate that the requested drug is medically necessary for treating your condition because all of the drugs on our formulary would be less effective than the requested drug or would have adverse effects for you. If the exception request involves a prior authorization or other coverage rule we have placed on a drug that is on our formulary, the prescriber's statement must indicate that the coverage rule wouldn't be appropriate for you given your condition or would have adverse effects for you.

We must notify you of our decision no later than 24 hours, if the request has been expedited, or no later than 72 hours, if the request is a standard request, from when we receive your request. For exceptions, the timeframe begins when we obtain your prescriber's statement. Your request will be expedited if we determine, or your prescriber tells us, that your life, health, or ability to regain maximum function may be seriously jeopardized by waiting for a standard decision.

What if my request for coverage is denied?

If your request for coverage is denied, you have the right to appeal by asking for a review of the prior decision, which is called a redetermination. You must request this appeal within 60 calendar days from the date of our written decision on your coverage determination request. We accept standard and expedited requests by telephone and in writing. Contact us at: SilverScript Insurance Company Prescription Drug Plans Coverage Decisions and Appeals Department, P.O. Box 52000, MC 109, Phoenix, AZ 85072-2000; phone: 1-866-235-5660; TTY: 711; fax: 1-855-633-7673; 24 hours a day, 7 days a week.

If you need assistance in requesting a coverage determination, including an exception, or if you want more information about when we will cover a temporary supply of a drug, contact us at 1-866-235-5660, 24 hours a day, 7 days a week. TTY users should call 711. Live representatives are available 24 hours a day, 7 days a week. You can ask us for a coverage determination at any time. You can also visit our website at www.silverscript.com.

Sincerely,

SilverScript Choice (PDP)

The formulary may change at any time. You will receive notice when necessary.

Beneficiaries must use network pharmacies to access their prescription drug benefit.

ATENCIÓN: Si usted habla español, tenemos servicios de asistencia lingüística disponibles para usted sin costo alguno. Llame al 1-866-235-5660 (TTY: 711).

SilverScript is a Prescription Drug Plan with a Medicare contract offered by SilverScript Insurance Company. Enrollment in SilverScript depends on contract renewal.

SilverScript® Insurance Company complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. SilverScript Insurance Company does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

SilverScript Insurance Company:

- § Provides free aids and services to people with disabilities to communicate effectively with us, such as:
 - Written information in other formats (large print, audio, accessible electronic formats, other formats)

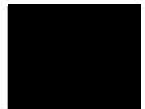
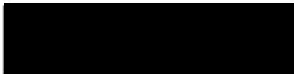
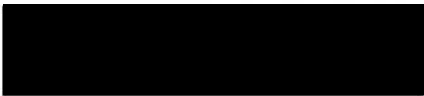
- § Provides free language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need written information in other formats or free language services, please contact Customer Care. This number can be found on the back of your member ID card or on the letter that accompanied this notice.

If you believe that SilverScript Insurance Company has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with: SilverScript Insurance Company, Grievance Department, P.O. Box 30016, Pittsburgh, PA 15222-0330. Fax: 1-866-217-3353.

You can file a grievance by mail, or by fax. If you need help filing a grievance, the SilverScript Grievance Department is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, 1-800-368-1019, 1-800-537-7697 (TDD). Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.



ENGLISH

ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call 1-866-235-5660 (TTY*711).

SPANISH

ATENCIÓN: Si usted habla español, tenemos servicios de asistencia lingüística disponibles para usted sin costo alguno. Llame al 1-866-235-5660 (TTY: 711).

CHINESE

* * * * *
* * * * * 1-866-235-5660 (TTY:
711)*

VIETNAMESE

CHÚ Ý: Nếu quý vị nói tiếng Việt, thì có sẵn các dịch vụ trợ giúp ngôn ngữ miễn phí dành cho quý vị. Hãy gọi số 1-866-235-5660 (TTY: 711).

KOREAN

* * * * *
* * * * *
1-866-235-5660 (TTY: 711)* * * * *
* * * * *

TAGALOG

PANSININ: Kung nagsasalita po kayo ng Tagalog, magagamit ninyo ang mga serbisyong tulong sa wika ng walang bayad. Tawagan po ang *****235-5660 (TTY: 711).

RUSSIAN

ВНИМАНИЕ: Если вы говорите на русском языке, вам будут бесплатно предоставлены услуги переводчика. Звоните по телефону: 1-866-235-5660 (телетайп: 711).

ARABIC

ملاحظة: إذا كنت تتحدث العربية، تتوفر خدمات المساعدة اللغوية مجاناً. من أجليك. اتصل بالرقم 1-866-235-5660 (الهاتف النصي: 711).

FRENCH CREOLE

ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-866-235-5660 (TTY: 711).

FRENCH

ATTENTION : Si vous parlez français, des services gratuits d'interprétation sont à votre disposition. Veuillez appeler le 1-866-235-5660 (TTY: 711).

POLISH

UWAGA: Dla osób mówiących po polsku dostępna jest bezpłatna pomoc językowa. Zadzwoń pod numer 1-866-235-5660 (TTY: 711).

PORTUGUESE

ATENÇÃO: Se fala português, estão disponíveis serviços gratuitos de assistência linguística na sua língua. Telefone para 1-866-235-5660 (TTY: 711).

ITALIAN

ATTENZIONE: Se lei parla italiano, sono disponibili servizi gratuiti di assistenza linguistica nella sua lingua. Chiami 1-866-235-5660 (TTY: 711).

JAPANESE

* * * * *
* * * * *
* * * * * 1-866-235-5660 (TTY: 711) * *
* * * * *

GERMAN

BITTE BEACHTEN: Wenn Sie Deutsch sprechen, stehen Ihnen unsere Dolmetscher unter der Nummer 1-866-235-5660 (TTY: 711) kostenlos zur Verfügung.

FARSI

توجه: چنانچه به زبان فارسی صحبت می کنید، خدمات کمک زبانی، به صواب تر، رایگاناً در اختیار شما قرار خواهد گرفت. با شماره 1-866-235-5660 (TTY: 711) تماس بگیرید.

EXHIBIT 49



**Redetermination Notice
Denial of Medicare Prescription Drug Coverage**

[Redacted]

[Redacted] NJ [Redacted]

Date: 04/16/2019

Enrollee Name: [Redacted]
Plan Name: SilverScript Choice (PDP)
Formulary ID: 00019295

Enrollee's Medicare (HIC) Number: [Redacted]
Contract ID: [Redacted]
Plan ID: 008

We agree with our initial coverage determination and are denying the following prescription drug(s) that you or your physician or other prescriber requested: SOFOSBUVIR/VELPATASVIR Tablet

We denied this request because: Your Medicare Part D drug plan was asked to cover a drug that is not on the formulary (this is called a formulary exception). The generic drug you requested sofosbuvir/velpatasvir is not on your plan's formulary (list of covered drugs). Your plan covers the Brand version of this drug, Epclusa.

Both the brand Epclusa and generic version of this drug sofosbuvir/velpatasvir would be expected to have the same effectiveness in treating your condition. The brand drug on the formulary and its generic contain the same active medications. They both contain the same inactive ingredients such as dyes, and would be expected to have the same risk of causing adverse effects (side effects). Talk to your prescriber to see if any of the formulary alternative(s) would be right for you.

Additional formulary alternatives that may be an appropriate choice for you are:

Harvoni tablets (requires prior authorization)
Mavyret tablets (requires prior authorization)
Vosevi tablets (requires prior authorization)
Zepatier tablets (requires prior authorization)

What If I Don't Agree With This Decision?

You have the right to ask for an independent review (appeal) of our decision. If your case involves

[Redacted]

[Redacted]

an exception request and your physician or other prescriber did not already provide your plan with a statement supporting your request, **your physician or other prescriber must provide a statement to support your exception request and you should attach a copy of this statement to your appeal request.** If you want to appeal our decision, you must request your appeal in writing within 60 calendar days after the date of this notice. You must mail or fax your written request to the independent reviewer at:

Requests from PDP and MA-PD Plans:

MAXIMUS Federal Services
3750 Monroe Ave., Suite #703
Pittsford, NY 14534-1302

Customer Service:

Toll-free: (877) 456-5302

Fax Numbers:

Toll-free: (866) 825-9507
(585) 425-5301

Who May Request an Appeal?

You, your prescriber, or someone you name to act for you (your **representative**) may request an appeal. You can name a relative, friend, advocate, attorney, doctor, or someone else to act for you. An Appointment of Representation is not needed if the person appealing is your prescriber or is authorized under State law to act for you (for example, through a health care power of attorney or health care proxy).

You can call us at: 1-866-235-5660, 24 hours a day, 7 days a week, to learn how to name your representative. If you have a hearing or speech impairment, please call us at TTY: 711.

SilverScript is a Prescription Drug Plan with a Medicare contract offered by SilverScript Insurance Company. Enrollment in SilverScript depends on contract renewal.

ATENCIÓN: Si usted habla español, tenemos servicios de asistencia lingüística disponibles para usted sin costo alguno. Llame al 1-866-235-5660 (TTY: 711).

The formulary may change at any time. You will receive notice when necessary.

IMPORTANT INFORMATION ABOUT YOUR APPEAL RIGHTS

For more information about your appeal rights, call us or see your Evidence of Coverage

There Are Two Kinds of Appeals You Can Request

Expedited (72 hours) - You can request an expedited (fast) appeal for cases that involve coverage, if you or your doctor believes that your health could be seriously harmed by waiting up to 7 days for a decision. If your request to expedite is granted, the independent reviewer must give you a decision no later than 72 hours after receiving your appeal (the time frame may be extended in limited circumstances).

- **If the doctor who prescribed the drug(s) asks for an expedited appeal for you, or supports you in asking for one, and the doctor indicates that waiting for 7 days could seriously harm your health, the independent reviewer will automatically expedite the appeal.**
- If you ask for an expedited appeal without support from a doctor, the independent reviewer will decide if your health requires an expedited appeal. If you do not get an expedited appeal, your appeal will be decided within 7 days.
- Your appeal will not be expedited if you've already received the drug you are appealing.

Standard (7 days) - You can request a standard appeal for a case involving coverage or payment. The independent reviewer must give you a decision no later than 7 days after receiving your appeal (the time frame may be extended in limited circumstances).

When the Independent Reviewer Can Extend the Time Frame for Making a Decision – The time frame may be extended if your case involves an exception request and we have not received the supporting statement from your doctor or other prescriber supporting the request. The time frame also may be extended when the person acting for you files an appeal request but does not submit proper documentation of representation. In both situations, the independent reviewer may toll (or stop the clock) for up to 14 days to get this information.

What Do I Include with My Appeal?

You should include your name, address, HIC number, the reasons for appealing, and any evidence you wish to attach. If the appeal is

made by someone other than you or your doctor or other prescriber, the person must submit a document appointing him or her to act for you.

If your appeal relates to a decision by us to deny a drug that is not on our list of covered drugs (formulary) or if you are asking for an exception to a prior authorization (PA) or other utilization management (UM) requirement, your prescribing doctor or other prescriber must submit a statement with your appeal request indicating that all the drugs on any tier of our formulary (or the PA/UM requirement) would not be as effective to treat your condition as the requested drug or would harm your health.

How Do I Request an Appeal?

You, your prescriber or your representative should mail or fax your written appeal request to:

MAXIMUS Federal Services
3750 Monroe Ave., Suite #703
Pittsford, NY 14534-1302
Fax: (585) 425-5301
Toll free fax: (866) 825-9507

What Happens Next? If you appeal, the independent reviewer will review your case and give you a decision. If any of the prescription drugs you requested are still denied, you can appeal to an administrative law judge (ALJ) if the value of your appeal is at least \$160. If you disagree with the ALJ decision, you will have the right to further appeal. You will be notified of your appeal rights if this happens.

Contact Information:


If you need information or help, call us at:
Toll Free: 1-866-235-5660
24 hours a day, 7 days a week
TTY: 711

Other Resources To Help You:

Medicare Rights Center
Toll Free: 1-888-HMO-9050
Elder Care Locator
Toll Free: 1-800-677-1116
1-800-MEDICARE (1-800-633-4227)
TTY: 1-877-486-2048
24 hours a day, 7 days a week

SilverScript®

Plan Name: SilverScript Choice (PDP)
Formulary ID: 00019295

Contract ID: 
Plan ID: 008

Request for Reconsideration of Medicare Prescription Drug Denial

Because your Medicare drug plan has upheld its initial decision to deny coverage of, or payment for, a prescription drug you requested, you have the right to ask for an independent review of the plan's decision. **You may use this form to request an independent review of your drug plan's decision.** You have 60 days from the date of the plan's Redetermination Notice to ask for an independent review. Please complete this form and mail or fax it to:

Requests from PDP and MA-PD Plans:

MAXIMUS, Federal Services
3750 Monroe Ave., Suite #703
Pittsford, NY 14534-1302

Customer Service:

Toll-free: (877) 456-5302

Fax Numbers:

Toll-free: (866) 825-9507
(585) 425-5301

Note about Representatives: Your prescriber may file a reconsideration request on your behalf without being an appointed representative. If you want another individual, such as a family member or friend, to request an independent review for you, that individual must be your representative. Contact your Medicare drug plan to learn how to name a representative.

Enrollee's Information

Enrollee's Name _____ Date of Birth _____

Enrollee's Address _____

City _____ State _____ Zip Code _____

Phone () _____

Enrollee's Medicare (HIC) Number (as shown on your Medicare card) _____

Complete the following section ONLY if the person making this request is not the enrollee or the enrollee's prescriber (make sure to attach documentation showing the person's authority to represent enrollee for purposes of this request):



Requestor's Name _____
Requestor's Relationship to Enrollee _____
Address _____
City _____ State _____ Zip Code _____
Phone () _____

Representation documentation for appeal requests made by someone other than enrollee or prescriber:

Attach documentation showing the authority to represent the enrollee (a completed Form CMS-1696 or a written equivalent) if it was not submitted at the coverage determination or redetermination level. A physician or other prescriber may request an appeal on behalf of an enrollee without being an appointed representative.

Prescription drug you asked your plan to cover: _____

Prescribing Physician's Information

Name _____

Address _____

City _____ State _____ Zip Code _____

Office Phone: () _____ Fax: () _____

Office Contact Person _____

Expedited Decisions

If you or your prescribing physician or other prescriber believe that waiting for a standard decision (which will be provided within 7 days) could seriously harm your life, health, or ability to regain maximum function, you can ask for an expedited (fast) decision. If your prescribing physician or other prescriber indicates that waiting 7 days could seriously harm your life or health or ability to regain maximum function, the independent review organization will automatically give you a decision within 72 hours. This timeframe may be extended for up to 14 calendar days if your case involves an exception request and we have not received the supporting statement from your doctor or other prescriber supporting the request, OR the person acting for you files an appeal request but does not submit proper documentation of representation. If you do not obtain your physician's or other prescriber's support for an expedited appeal, the independent review organization will decide if your health condition requires a fast decision.

☐ **Check this box if you believe you need a decision within 72 hours (if you have a supporting statement from your prescribing physician, attach it to this request).**

Please attach any additional information you have related to your appeal such as a statement from your prescribing physician or other prescriber and relevant medical records.

Additional information we should consider:

--	--	--

Important: Please include a copy of the Redetermination (denial) Notice you received from your drug plan with this request.

Signature of person requesting the appeal (the enrollee or the representative):

_____ Date: _____

SilverScript is a Prescription Drug Plan with a Medicare contract offered by SilverScript Insurance Company. Enrollment in SilverScript depends on contract renewal.

ATENCIÓN: Si usted habla español, tenemos servicios de asistencia lingüística disponibles para usted sin costo alguno. Llame al 1-866-235-5660 (TTY: 711).

The formulary may change at any time. You will receive notice when necessary.

EXHIBIT 50

EXHIBIT 51

Peoplesafe

Page 1 of 1

CAREMARK **PeopleSafe®** Close

Eligibility Maintenance N W Participant Inquiry N W Resolution Manager N W Medicare D Inquiry N W View Opportunities Tools: -- Select A Tool --

Client: [REDACTED] SILVERSCRIPT-INDIV-ENROLL System: RXCLAIM

External ID: [REDACTED] Name: [REDACTED] Gndr: F Relationship: MEMBER Born: [REDACTED] 1936 Effective: 01-01-2020 Expiration: 12-31-2039

Pharmacy Network View Activity Prescription History Test Claim Plan Benefit Override Account Balance Explanation of Benefits Transaction History Communication History Caremark.com

Pharmacy Network Retail Transaction Plan Summary FSA/HSA/HRA History Coordination of Benefits Order Placement Adjustments Client Managed G & A View Triggers

Prescription for: [REDACTED] UNKNOWN CLAIM INFORMATION ONLY

Origin: 1 - Written Received: 01-14-2019 Kit Type:

Number-Partial / Fill: [REDACTED] Filled: 01-14-2019 Kit Copay Bypass:

Claim / Sequence: [REDACTED] Controlled Substance: NOT APPLICABLE Compound: N - NO

Override Type/Id: [REDACTED] Status: [Rejected 01-14-2019 06:33:40 PM](#)

1 - Member PA/ 2222333344 Multiple PA's:

Drug

Dispensed Drug: SOFOSBUVIR-VELPATASVIR--400-100MG Prescribed Quantity: Unit Per Dose:

Dispensed ID: [REDACTED] Dispensed Day Supply: 28 Dose Per Day:

Prescriber Name: [REDACTED] Dispensed Quantity: 28,000 Drug Type: BRAND

Pharmacy Name: [REDACTED] Covered Day Supply: Dispense as Written: 0 - NO DAW

Ingredient Name: Covered Quantity: GPI: 12359902650330

Formulary Preference: Non-Formulary Formulary Tier: 4

Reject Codes	Reject Description	Settlement Codes	Settlement Description
569	PROVIDE NOTICE: MEDICARE PRESCRIPTION DRUG COVERAGE AND YOUR RIGHTS		DISPENSE BRAND EPCLUSA
70	NDC/PRODUCT/SERVICE NOT COVERED	10500	COB DATA FROM MBI/HICN LINKAGE TABLE

General [Show](#)

Medicare Part D [Show](#)

View Financials View Comments View Transmission View Drug Limitations View PBO Populate Test Claim Back

Capture Activity

EXHIBIT 52

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

Important: This notice explains your right to appeal our decision. Read this notice carefully. If you need help, you can call one of the numbers listed on the last page under "Get help & more information."



P.O. Box 30003, Pittsburgh, PA 15222-0330
1-866-235-5660

NOTICE OF DENIAL OF MEDICARE PART D PRESCRIPTION DRUG COVERAGE

Date: 01/15/2019	
Enrollee's Name: [REDACTED]	Member Number: [REDACTED]
<p>Your request was denied We have denied coverage or payment under your Medicare Part D benefit for the following prescription drug(s) that you or your prescriber requested: SOFOSBUVIR/VELPATASVIR Tablet</p>	
<p>Why did we deny your request? We denied this request under Medicare Part D because: Your Medicare Part D drug plan was asked to cover a drug that is not on the formulary (this is called a formulary exception). The generic drug you requested sofosbuvir/velpatasvir is not on your plan's formulary (list of covered drugs). Your plan covers the Brand version of this drug, Epclusa.</p> <p>Both the brand Epclusa and generic version of this drug sofosbuvir/velpatasvir would be expected to have the same effectiveness in treating your condition. The brand drug on the formulary and its generic contain the same active medications. They both contain the same inactive ingredients such as dyes, and would be expected to have the same risk of causing adverse effects (side effects). Talk to your prescriber to see if any of the formulary alternative(s) would be right for you.</p> <p>Additional formulary alternatives that may be an appropriate choice for you are Harvoni (brand) (prior authorization required), Zepatier (prior authorization required), Epclusa (brand) (prior authorization required), Vosevi (prior authorization required), Mavyret Tablet (prior authorization required).</p> <p>You should share a copy of this decision with your prescriber so you and your prescriber can discuss next steps. If your prescriber requested coverage on your behalf, we have shared this decision with your prescriber.</p>	

What If I Don't Agree With This Decision?

You have the right to appeal. If you want to appeal, you must request your appeal within 60 calendar days after the date of this notice. We can give you more time if you have a good reason for missing the deadline. You have the right to ask us for a **formulary exception** if you believe you need a drug that is not on our list of covered drugs (formulary). You have the right to ask us for a **coverage rule exception** if you believe a rule such as prior authorization or a quantity limit should not apply to you. You can either provide information that shows that you meet the coverage rule that applies to the drug you are

Form CMS-10146

[REDACTED] (Expires 02/29/2020)

requesting or you can ask for a coverage rule exception. You can ask for a **tiering exception** if you believe you should get a drug at a lower cost-sharing amount. Your prescriber must provide a statement to support your exception request.

Who May Request an Appeal?

You, your prescriber, or your representative may request an expedited (fast) or standard appeal. You can name a relative, friend, advocate, attorney, doctor, or someone else to be your representative. Others may already be authorized under State law to be your representative.

You can call us at: 1-866-235-5660 to learn how to appoint a representative. If you have a hearing or speech impairment, please call us at TTY: 711.

IMPORTANT INFORMATION ABOUT YOUR APPEAL RIGHTS

There Are Two Kinds of Appeals You Can Request

Expedited (72 hours): You, your prescriber, or your representative can request an expedited (fast) appeal if you or your prescriber believe that your health could be seriously harmed by waiting up to 7 days for a decision. You cannot request an expedited appeal if you are asking us to pay you back for a prescription drug you already received. If your request to expedite is granted, we must give you a decision no later than 72 hours after we get your appeal.

- * **If your prescriber** asks for an expedited appeal for you, or supports you in asking for one, and indicates that waiting for 7 days could seriously harm your health, **we will automatically expedite your appeal.**
- * If you ask for an expedited appeal without support from your prescriber, we will decide if your health requires an expedited appeal. We will notify you if we do not give you an expedited appeal and we will decide your appeal within 7 days.

Standard (7 days): You, your prescriber, or your representative can request a standard appeal. We must give you a decision no later than 7 days after we get your appeal.

What Do I Include with My Appeal Request?

You should include your name, address, Member number, the reasons for appealing, and any evidence you wish to attach. Remember, your doctor must provide us with a supporting statement if you're requesting an exception to a coverage rule. You should include information about why the coverage rule should not apply to you because of your specific medical condition. If your appeal relates to a decision by us to deny a drug that is not on our formulary, your prescriber must indicate that all the drugs on any tier of our formulary would not be as effective to treat your condition as the requested off-formulary drug or would harm your health.

How Do I Request an Appeal?

For an Expedited Appeal: You, your prescriber, or your representative should contact us by telephone or fax at the numbers below:

Phone: 1-866-235-5660
TTY: 711
Fax: 1-855-633-7673

For a Standard Appeal: You, your prescriber, or your representative should mail or deliver your written appeal request to the address below:

CVS Caremark Part D Appeals and Exceptions
P.O. Box 52000, MC109
Phoenix, AZ 85072-2000
Phone: 1-866-235-5660
TTY: 711

What Happens Next?

If you appeal, we will review your case and give you a decision. If any of the prescription drugs you requested are still denied, you can request an independent review of your case by a reviewer outside of your Medicare Drug Plan. If you disagree with that decision, you will have the right to further appeal. You will be notified of your appeal rights if this happens.

Get help & more information

- SilverScript Choice (PDP) Toll Free: 1-866-235-5660
TTY users call: 711
24 hours a day, 7 days a week
www.silverscript.com
- 1-800-MEDICARE (1-800-633-4227), 24 hours, 7 days a week. TTY users call: 1-877-486-2048
- Medicare Rights Center: 1-888-HMO-9050
- Elder Care Locator: 1-800-677-1116
- State Health Insurance Program National Technical Assistance Center: 877-839-2675

PRA Disclosure Statement According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this collection is 0938-0976. The time required to complete this information collection is estimated to average 30 minutes per response, including the time to review instructions, search existing data resources, and gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Baltimore, Maryland 21244-1850.

CMS does not discriminate in its programs and activities: To request this form in an accessible format (e.g., Braille, Large Print, Audio CD) contact your Medicare Drug Plan. If you need assistance contacting your plan, call: 1-800-MEDICARE.



Request for Redetermination of Medicare Prescription Drug Denial

Because we, SilverScript Choice (PDP), denied your request for coverage of (or payment for) a prescription drug, you have the right to ask us for a redetermination (appeal) of our decision. You have 60 days from the date of our Notice of Denial of Medicare Prescription Drug Coverage to ask us for a redetermination. This form may be sent to us by mail or fax:

Address: CVS Caremark Part D Appeals and Exceptions
P.O. Box 52000, MC109
Phoenix, AZ 85072-2000

Fax Number: 1-855-633-7673

You may also ask us for an appeal through our website at www.silverscript.com. Expedited appeal requests can be made by phone at 1-866-235-5660, TTY: 711, 24 hours a day, 7 days a week.

Who May Make a Request: Your prescriber may ask us for an appeal on your behalf. If you want another individual (such as a family member or friend) to request an appeal for you, that individual must be your representative. Contact us to learn how to name a representative.

Enrollee's Information		
Enrollee's Name _____		Date of Birth _____
Enrollee's Address _____		
City _____	State _____	Zip Code _____
Phone _____		Enrollee's Plan ID Number _____
Complete the following section ONLY if the person making this request is not the enrollee:		
Requestor's Name _____		
Requestor's Relationship to Enrollee _____		
Address _____		
City _____	State _____	Zip Code _____
Phone _____		
<u>Representation documentation for appeal requests made by someone other than enrollee or the enrollee's prescriber:</u>		
<p>Attach documentation showing the authority to represent the enrollee (a completed Authorization of Representation Form CMS-1696 or a written equivalent) if it was not submitted at the coverage determination level. For more information on appointing a representative, contact your plan or 1-800-Medicare, 24 hours a day, 7 days a week. TTY users call: 1-877-486-2048</p>		

Prescription drug you are requesting:

Name of drug: _____ Strength/quantity/dose: _____

Have you purchased the drug pending appeal? ☐ Yes ☐ No

If "Yes": Date purchased: _____ Amount paid: \$ _____ (attach copy of receipt)

Name and telephone number of pharmacy: _____

Prescriber's Information

Name _____

Address _____

City _____ State _____ Zip Code _____

Office Phone _____ Fax _____

Office Contact Person _____

Important Note: Expedited Decisions

If you or your prescriber believe that waiting 7 days for a standard decision could seriously harm your life, health, or ability to regain maximum function, you can ask for an expedited (fast) decision. If your prescriber indicates that waiting 7 days could seriously harm your health, we will automatically give you a decision within 72 hours. If you do not obtain your prescriber's support for an expedited appeal, we will decide if your case requires a fast decision. You cannot request an expedited appeal if you are asking us to pay you back for a drug you already received.

☐ **CHECK THIS BOX IF YOU BELIEVE YOU NEED A DECISION WITHIN 72 HOURS****(If you have a supporting statement from your prescriber, attach it to this request.)**

Please explain your reasons for appealing. Attach additional pages, if necessary. Attach any additional information you believe may help your case, such as a statement from your prescriber and relevant medical records. You may want to refer to the explanation we provided in the Notice of Denial of Medicare Prescription Drug Coverage.

Signature of person requesting the appeal (the enrollee, or the enrollee's prescriber or representative):**Date:** _____

SilverScript is a Prescription Drug Plan with a Medicare contract offered by SilverScript Insurance Company. Enrollment in SilverScript depends on contract renewal.

ATENCIÓN: Si usted habla español, tenemos servicios de asistencia lingüística disponibles para usted

sin costo alguno. Llame al 1-866-235-5660 (TTY: 711).

The formulary may change at any time. You will receive notice when necessary.

EXHIBIT 53

Peoplesafe

Page 1 of 1

CAREMARK **PeopleSafe®** Close

Eligibility Maintenance **Participant Inquiry** Resolution Manager Medicare D Inquiry View Opportunities Tools: -- Select A Tool --

Client: **SILVERSCRIPT-INDIV-ENROLL** System: **RXCLAIM**

External ID: **[REDACTED]** Name: **[REDACTED]** Gndr: **F** Relationship: **MEMBER** Born: **[REDACTED] 1936** Effective: **01-01-2020** Expiration: **12-31-2039**

Pharmacy Network **View Activity** Prescription History **Test Claim** **Plan Benefit Override** Account Balance **Explanation of Benefits** Transaction History **Communication History** **Caremark.com**

Pharmacy Transaction **Plan Summary** **FSA/HSA/HRA History** Coordination of Benefits **Order Placement** Adjustments **Client Managed G & A** **View Triggers**

Prescription for: **[REDACTED] UNKNOWN** Delivery System: **POINT OF SALE** Dispense As Written: **0 - NO DAW**

Prescription Number: **[REDACTED]** [Go to Reimbursement...](#) Pharmacy NPI: **[REDACTED]** Drug Price Type: **AVERAGE WHOLESALE PRICE**

Drug NDC: **61958220101** Pharmacy NCPDP: **[REDACTED]** Drug Price Source: **MEDISPAN**

Drug Name: **EPLUSA** Pharmacy Name: **[REDACTED]** Pharmacy Claim Price Type: **[REDACTED]**

Participant Pay Participant Copay: 3.80 Initial Copay: 922.71 Gap Copay: 3772.08 Catastrophic Copay: 0.00 Network Penalty: 0.00 Deductible: 0.00 MAC / DAW Penalty: 0.00 Non Formulary Penalty: 0.00 After MAB: 0.00 - FSA Contribution Amount: 0.00 - HRA Contribution Amount: 0.00 - COB Non Covered Amt: 0.00 ===== Participant Cost: 3.80	Client Pay Usual and Customary: 29904.00 Cost Submitted: 25119.36 Cost Allowed: 25119.36 Other Payer Recognized: 0.00 Dispensing Fee: 0.40 Level Of Effort Fee: 0.00 Administration Fee: 0.00 Performance / Service Fee: 0.00 Sales Tax: 0.00 PRX Fee Amount: 0.00 Client Billed Cost: 0.00 Total Client Cost: 25115.96	Pharmacy Pay: Usual and Customary: 25119.36 Cost Allowed: 25119.36 Other Payer Recognized: 0.00 Dispensing Fee: 0.40 Level Of Effort Fee: 0.00 Administration Fee: 0.00 Performance / Service Fee: 0.00 Sales Tax: 0.00 PDP Service Fee: 0.00 Other Amount Paid: 0.00 Total Pharmacy Reimbursement: 25115.96
--	--	--

Health Reimbursement Account: Benefits: 0.00 Member Access Fee: 0.00 Amount Used: 0.00 HRA Remaining Balance: 0.00	Miscellaneous Applied To Out of Pocket: 0.00 Applied To TrOOP: 0.00 Applied To OOPM/MOOP: 0.00 Paid by Other Insurance: 0.00 Alternate Amount Paid: 0.00 Previous Amount Paid: 0.00 In Network Accumulation: 0.00 Out of Network Accumulation: 0.00
---	--

Med D Financials: LICs Paid by Plan: 5618.56 SPAP/Integrator Paid Amt: 0.00 Reported Gap Discount: 0.00 Deductible Gross Cost: 0.00 Deductible Plan Pay: 0.00 Initial Gross Cost: 2796.12 Initial Plan Pay: 1873.41 Gap Gross Cost: 3772.08 Gap Plan Pay: 0.00 Catastrophic Gross Cost: 18551.56 Catastrophic Plan Pay: 17623.99	<div>View Settlement Codes</div> <div>View Comments</div> <div>Back</div>
--	---

Pharmacy Reimbursement

Reimbursement Type:
 Reimbursement Number:
 Reimbursement Amount:
 Posting Date:
 Reporting Number:

Reversal

Reimbursement Type:
 Reimbursement Number:
 Reimbursement Amount:
 Posting Date:
 Reporting Number:

[View Reimbursements](#)

Recipient

Name:
 Alternate Name:
 Address:
 City:
 State:
 Zip:

[Go to top...](#)

EXHIBIT 54

EXHIBIT 55

SilverScript Choice (PDP) is operated by
SilverScript Insurance Company
P.O. Box 30003
Pittsburgh, PA 15222-0330

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SilverScript®

[REDACTED]
[REDACTED] CA [REDACTED]

02/07/2019

Your member numbers are:

Member ID: [REDACTED]

Rx PCN: [REDACTED]

Your Monthly Prescription Drug Summary

For January, 2019

This summary is your "Explanation of Benefits" (EOB) for your Medicare prescription drug coverage (Part D). Please review this summary and keep it for your records. (This is not a bill.)

Here are the sections in this summary:

SECTION 1. Your prescriptions during the past month

SECTION 2. Which "drug payment stage" are you in?

SECTION 3. Your "out-of-pocket costs" and "total drug costs" (amounts and definitions)

SECTION 4. Updates to the plan's Drug List that affect drugs you take

SECTION 5. If you see mistakes on this summary or have questions, what should you do?

SECTION 6. Important things to know about your drug coverage and your rights

Need large print or another format?

To get this material in other formats, or ask for language translation services, call SilverScript Choice (PDP) Customer Care (the number is on this page).

For languages other than English:

Español: 1-866-235-5660

Other language: 1-866-235-5660

SilverScript Choice (PDP) Customer Care

If you have questions or need help, call us 24 hours a day, 7 days a week. Calls to these numbers are free.

1-866-235-5660

TTY users call: 711

On the web at: www.silverscript.com

SilverScript is a Prescription Drug Plan with a Medicare contract offered by SilverScript Insurance Company. Enrollment in SilverScript depends on contract renewal.

[REDACTED]

2

SECTION 1. Your prescriptions during the past month

- Chart 1 shows your prescriptions for covered Part D drugs for the past month.
- Please look over this information about your prescriptions to be sure it is correct. If you have any questions or think there is a mistake, Section 5 tells what you should do.

CHART 1.

Your prescriptions for covered Part D drugs
January, 2019

	Plan paid	You paid	Other payments (made by programs or organizations; see Section 3)
IRBESARTAN TAB 300MG 01/07/2019 MAICO PHARMACY	\$0.00	\$1.25	\$38.47 (paid by "Extra Help")
OLOPATADINE SOL 0.2% 01/07/2019 MAICO PHARMACY	\$58.34	\$1.25	\$57.09 (paid by "Extra Help")
XIIIDRA DRO 5% 01/07/2019 MAICO PHARMACY	\$256.39	\$3.80	\$252.58 (paid by "Extra Help")
FLUTICASONE SPR 50MCG 01/08/2019 MAICO PHARMACY	\$0.00	\$1.25	\$2.52 (paid by "Extra Help")
SYMBICORT AER 160-4.5 01/08/2019 MAICO PHARMACY	\$303.94	\$3.80	\$43.20 (paid by "Extra Help")
EPCLUSA TAB 400- 100 01/16/2019 E-Z CARE PHARMACY	\$19,497.40	\$3.80	\$5,618.56 (paid by "Extra Help")
LEVOCETIRIZI TAB 5MG 01/21/2019 MAICO PHARMACY	\$8.08	\$0.00	\$3.40 (paid by "Extra Help")

continue

3

CHART 1.
Your prescriptions for covered Part D drugs
January, 2019

	Plan paid	You paid	Other payments (made by programs or organizations; see Section 3.)
TOTALS for the month of: January, 2019	\$20,124.15 (total for the month)	\$15.15 (total for the month)	\$6,015.82 (total for the month)
Your "out-of-pocket costs" amount is \$5,100.00. (This is the amount you paid this month (\$15.15) plus the amount of "other payments" made this month that count toward your "out-of-pocket costs" (\$5,084.85). See definitions in Section 3.)			(Of this amount, \$5,084.85 counts toward your "out-of-pocket costs." See definitions in Section 3.)
Your "total drug costs" amount is \$26,155.12. (This is the total for this month of all payments made for your drugs by the plan (\$20,124.15) and you (\$15.15) plus "other payments" (\$6,015.82).)			

Year - to - date totals 01/01/2019 through 01/31/2019			
	Plan paid	You paid	Other payments (made by programs or organizations; see Section 3.)
Your year - to - date amount for "out-of-pocket costs" is \$5,100.00.	\$20,124.15 (year - to - date total)	\$15.15 (year - to - date total)	\$6,015.82 (year - to - date total)
Your year - to - date amount for "total drug costs" is \$26,155.12. For more about "out-of-pocket costs" and "total drug costs," see Section 3.			(Of this amount, \$5,084.85 counts toward your "out-of-pocket costs." See definitions in Section 3.)

SECTION 2. Which “drug payment stage” are you in?

As shown below, your Part D prescription drug coverage has “drug payment stages.” How much you pay for a covered Part D prescription depends on which payment stage you are in when you fill it. During the calendar year, whether you move from one payment stage to the next depends on how much is spent for your drugs.

<p>STAGE 1 Yearly Deductible</p> <p>(Because there is no deductible for the plan, this payment stage does not apply to you.)</p>	<p>STAGE 2 Initial Coverage</p> <ul style="list-style-type: none"> You begin in this payment stage when you fill your first prescription of the year. During this stage, the plan pays its share of the cost of your drugs and you (or others on your behalf, including “Extra Help” from Medicare) pay your share of the cost. You generally stay in this stage until the amount of your “out-of-pocket costs” reaches \$5,100.00. Then you move to payment stage 4, Catastrophic Coverage. 	<p>STAGE 3 Coverage Gap</p> <p>(Because you are receiving “Extra Help” from Medicare, this payment stage does not apply to you.)</p>	<p>You are in this stage:</p> <p>STAGE 4 Catastrophic Coverage</p> <ul style="list-style-type: none"> During this payment stage, the plan pays for all your covered drugs. For each prescription, you pay nothing. 	<p>What happens next?</p> <p>When you are in this payment stage, Catastrophic Coverage, you generally stay in it for the rest of the year (through December 31, 2019).</p>
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SECTION 3. Your "out-of-pocket costs" and "total drug costs" (amounts and definitions)

We're including this section to help you keep track of your "out-of-pocket costs" and "total drug costs" because these costs determine which drug payment stage you are in. As explained in Section 2, the payment stage you are in determines how much you pay for your prescriptions.

<p>Your "out-of-pocket costs"</p> <p>\$5,100.00 month of January, 2019</p> <p>\$5,100.00 year-to-date (since January 1, 2019)</p>	<p>Your "total drug costs"</p> <p>\$26,155.12 month of January, 2019</p> <p>\$26,155.12 year-to-date (since January 1, 2019)</p>
<p>DEFINITION:</p> <p>"Out-of-pocket costs" includes:</p> <ul style="list-style-type: none"> What you pay when you fill or refill a prescription for a covered Part D drug. (This includes payments for your drugs, if any, that are made by family or friends.) Payments made for your drugs by any of the following programs or organizations: "Extra Help" from Medicare; Medicare's Coverage Gap Discount Program; Indian Health Service; AIDS drug assistance programs; most charities; and most State Pharmaceutical Assistance Programs (SPAPs). <p>It does <u>not</u> include:</p> <ul style="list-style-type: none"> Payments made for: a) plan premiums, b) drugs not covered by our plan, c) non-Part D drugs (such as drugs you receive during a hospital stay), d) drugs obtained at a non-network pharmacy that does not meet our out-of-network pharmacy access policy. Payments made for your drugs by any of the following programs or organizations: employer or union health plans; some government-funded programs, including TRICARE and the Veterans Administration; Workers' Compensation; and some other programs. 	<p>DEFINITION:</p> <p>"Total drug costs" is the total of all payments made for your covered Part D drugs. It includes:</p> <ul style="list-style-type: none"> What the plan pays. What you pay. What others (programs or organizations) pay for your drugs.

Learn more. Medicare has made the rules about which types of payments count and do not count toward "out-of-pocket costs" and "total drug costs". The definitions on this page give you only the main rules. For details, including more about "covered Part D drugs," see the Evidence of Coverage, or benefits booklet (for more about the Evidence of Coverage, see Section 6).

SECTION 4. Updates to the plan's Drug List that affect drugs you take

At this time, there are no new or upcoming changes to our Drug List that will affect the coverage or cost of drugs you take. (By "drugs you take," we mean any plan-covered drugs for which you filled prescriptions in the last 120 days or in 2019 as a member of our plan.)

SECTION 5. If you see mistakes on this summary or have questions, what should you do?

If you have questions, call us

If something is confusing or doesn't look right on this monthly prescription drug summary, please call us at Silver Script Choice (PDP) Customer Care (phone numbers are on the cover of this summary). You can also find answers to many questions on our website: www.silverscript.com.

What about possible fraud?

Most health care professionals and organizations that provide Medicare services are honest. Unfortunately, there may be some who are dishonest.

If this monthly summary shows drugs you're not taking, or anything else that looks suspicious to you, please contact us.

- Call us at Silver Script Choice (PDP) Customer Care (phone numbers are on the cover of this summary).
- Or, call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048. You can call these numbers for free, 24 hours a day, 7 days a week.

SECTION 6. Important things to know about your drug coverage and your rights

Your "Evidence of Coverage" and "LIS Rider" have the details about your drug coverage and costs

The Evidence of Coverage is our plan's benefits booklet. It explains your drug coverage and the rules you need to follow when you are

using your drug coverage. Your LIS Rider ("Evidence of Coverage Rider for People Who Get Extra Help Paying for Their Prescriptions") is a short separate document that tells what you pay for your prescriptions.

We have sent you a copy of the Evidence of Coverage and LIS Rider. If you need another copy of either of these, please call us (phone numbers are on the cover of this summary).

Remember, to get your drug coverage under our plan you must use pharmacies in our network, except in certain circumstances. Also, quantity limitations and restrictions may apply.

What if you have problems related to coverage or payments for your drugs?

Your Evidence of Coverage has step-by-step instructions that explain what to do if you have problems related to your drug coverage and costs. Here are the chapters to look for:

- Chapter 5. Asking the plan to pay its share of a bill you have received for covered services or drugs.
- Chapter 7. What to do if you have a problem or complaint (coverage decisions, appeals, complaints).

Here are things to keep in mind:

When we decide whether a drug is covered and how much you pay, it's called a "coverage decision." If you disagree with our coverage decision, you can appeal our decision (see Chapter 7 of the Evidence of Coverage).

Medicare has set the rules for how coverage decisions and appeals are handled. These are legal procedures and the deadlines are important. The process can take place if your doctor tells us that your health requires a quick decision.

Please ask for help if you need it. Here's how:

- You can call us at Silver Script Choice (PDP) Customer Care (phone numbers are on the cover of this monthly summary).
- You can call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048. You can call these numbers for free, 24 hours a day, 7 days a week.
- You can call your State Health Insurance Assistance Program (SHIP). The name and phone numbers for this organization are in Chapter 2, Section 3 of your Evidence of Coverage.

Did you know there are programs to help people pay for their drugs?

- "Extra Help" from Medicare. You may be able to get "Extra Help" to pay for your prescription drug premiums and costs. This program is also called the "low-income subsidy" or LIS. People whose yearly income and resources are below certain limits can qualify for this help. To see if you qualify for getting "Extra Help," see Section 7 of your Medicare & You 2019 handbook or call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048. You can call these numbers for free, 24 hours a day, 7 days a week. You can also call the Social Security Office at 1-800-772-1213 between 7 a.m. and 7 p.m., Monday through Friday. TTY users should call 1-800-325-0778. You can also call your State Medicaid Office.

- Help from your state's pharmaceutical assistance program. Many states have State Pharmaceutical Assistance Programs (SPAPs) that help some people pay for prescription drugs based on financial need, age, or medical condition. Each state has different rules. Check with your State Health Insurance Assistance Program (SHIP). The name and phone numbers for this organization are in Chapter 2, Section 3 of your Evidence of Coverage.

Silver Script® Insurance Company complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Silver Script Insurance Company does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Silver Script Insurance Company:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:

- Written information in other formats (large print, audio, accessible electronic formats, other formats)

- Provides free language services to people whose primary language is not English, such as:

- Qualified interpreters

- Information written in other languages

If you need written information in other formats or free language services, please contact Customer Care. This number can be found on the back of your member ID card or on the letter that accompanied this card.

If you believe that Silver Script Insurance Company has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with: Silver Script Insurance Company, Grievance Department, P.O. Box 30016, Pittsburgh, PA 15222-0330. Fax: 1-866-217-3353.

You can file a grievance by mail, or by fax. If you need help filing a grievance, the Silver Script Grievance Department is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, 1-800-368-1019, 1-800-537-7697 (TDD). Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

- ENGLISH - ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call 1-866-235-5660 (TTY 711).

SPANISH - ATENCIÓN: Si usted habla español, tenemos servicios de **FRENCH - ATTENTION** : Si vous parlez français, des services asistencia lingüística disponibles para usted sin costo alguno. Llame a **gratuits d'interprétation** sont à votre disposition. Veuillez appeler le 1-866-235-5660 (TTY: 711).

CHINESE - 小贴士 : 如果您说普通话, 欢迎使用免费语言协助服务。请拨打 1-866-235-5660 (TTY: 711)。

VIETNAMESE - CHÚ Ý: Nếu quý vị nói tiếng Việt, thì có sẵn các dịch vụ trợ giúp ngôn ngữ miễn phí dành cho quý vị. Hãy gọi số 1-866-235-5660 (TTY: 711).

KOREAN - 알림: 한국어를 하시는 경우 무료 통역 서비스가 준비되어 있습니다. 1-866-235-5660 (TTY: 711)로 연락주시기 바랍니다.

TAGALOG - PANSININ: Kung nagsasalita po kayo ng Tagalog, magagamit ninyo ang mga serbisyong tulong sa wika ng walang bayad. Tawagan po ang 1-866-235-5660 (TTY: 711).

RUSSIAN - ВНИМАНИЕ: Если вы говорите на русском языке, вам будут бесплатно предоставлены услуги переводчика. Звоните по телефону: 1-866-235-5660 (телефайп: 711).

ARABIC - ملاحظة: إذا كنت تتحدث العربية، تتوفر خدمات المساعدة اللغوية مجاناً من أجلك. اتصل بالرقم 1-866-235-5660 (الهاتف النصي: 711).

FRENCH CREOLE - ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-866-235-5660 (TTY: 711).

FRENCH - ATTENTION : Si vous parlez français, des services asistencia lingüística disponibles para usted sin costo alguno. Llame al 1-866-235-5660 (TTY: 711).

POLISH - UWAGA: Dla osób mówiących po polsku dostępna jest bezpłatna pomoc językowa. Zadzwoń pod numer 1-866-235-5660 (TTY: 711).

PORTUGUESE - ATENÇÃO: Se fala português, estão disponíveis serviços gratuitos de assistência linguística na sua língua. Telefone para 1-866-235-5660 (TTY: 711).

ITALIAN - ATTENZIONE: Se lei parla l'italiano, sono disponibili servizi gratuiti di assistenza linguistica nella sua lingua. Chiami 1-866-235-5660 (TTY: 711).

JAPANESE - お知らせ: 日本語での対応を望まれる方には、無料で通訳サービスをご利用になれます。電話番号 1-866-235-5660 (TTY: 711) までお問い合わせ下さい。

GERMAN - BITTE BEACHTEN: Wenn Sie Deutsch sprechen, stehen Ihnen unsere Dolmetscher unter der Nummer 1-866-235-5660 (TTY: 711) kostenlos zur Verfügung.

FARSI - توجه: چنانچه به زبان فارسی صحبت می کنید، خدمات کمک زبانی، به نامشماره 1-866-235-5660 صورت رایگان، در اختیار شما قرار خواهد گرفت. یا شماره تماس بگیرد. (TTY: 711).

The formulary, pharmacy network, and/or provider network may change at any time. You will receive notice when necessary.

ATENCIÓN: Si usted habla español, tenemos servicios de asistencia lingüística disponibles para usted sin costo alguno. Llame al 1-866-235-5660 (TTY: 711).

EXHIBIT 56

Peoplesafe

Page 1 of 1

CAREMARK **PeopleSafe®** Close

Eligibility Maintenance Participant Inquiry Resolution Manager Medicare Inquiry View Opportunities Tools: -- Select A Tool --

Client: **SILVERSCRIPT-INDIV-ENROLL** System: **RXCLAIM**

External ID: **[REDACTED]** Name: **[REDACTED]** Gndr: **F** Relationship: **MEMBER** Born: **[REDACTED] 1956** Effective: **01-01-2020** Expiration: **12-31-2039**

Male Screen Financial Details View Activity Prescription History Test Claim Plan Benefit Override Account Balance Explanation of Benefits Transaction History Communication History Caremark.com

Pharmacy Network Retail Transaction Plan Summary FSA/HSA/HRA History Coordination of Benefits Order Placement Adjustments Client Managed G & A View Triggers

Prescription for: **[REDACTED]** Delivery System: **POINT OF SALE** Dispense As Written: **0 - NO DAW**

Prescription Number: **[REDACTED]** [Go to Reimbursement...](#) Pharmacy NPI: **[REDACTED]** Drug Price Type: **AVERAGE WHOLESALE PRICE**

Drug NDC: **7262620101** Pharmacy NCPDP: **[REDACTED]** Drug Price Source: **MEDISPAN**

Drug Name: **LEDIPASVIR-SOFOSBUVR** Pharmacy Name: **SAFEWAY PHARMACY** Client Claim Price Type: **[REDACTED]** Pharmacy Claim Price Type: **Alternate**

Participant Pay Participant Copay: 0.00 Initial Copay: 0.00 Gap Copay: 0.00 Catastrophic Copay: 0.00 Network Penalty: 0.00 Deductible: 0.00 MAC / DAW Penalty: 0.00 Non Formulary Penalty: 0.00 After MAB: 0.00 - FSA Contribution Amount: 0.00 - HRA Contribution Amount: 0.00 - COB Non Covered Amt: 0.00 ===== Participant Cost: 0.00	Client Pay Usual and Customary: 14400.00 Cost Submitted: 12265.92 Cost Allowed: 12265.92 Other Payer Recognized: 0.00 Dispensing Fee: 0.50 Level Of Effort Fee: 0.00 Administration Fee: 0.00 Performance / Service Fee: 0.00 Sales Tax: 0.00 PRX Fee Amount: 0.00 Client Billed Cost: 0.00 Total Client Cost: 12266.42	Pharmacy Pay: Usual and Customary: 12265.92 Cost Allowed: 12265.92 Other Payer Recognized: 0.00 Dispensing Fee: 0.50 Level Of Effort Fee: 0.00 Administration Fee: 0.00 Performance / Service Fee: 0.00 Sales Tax: 0.00 PDP Service Fee: 0.00 Other Amount Paid: 0.00 Total Pharmacy Reimbursement: 12266.42
---	--	--

Health Reimbursement Account: Benefits: 0.00 Member Access Fee: 0.00 Amount Used: 0.00 HRA Remaining Balance: 0.00	Miscellaneous Applied To Out of Pocket: 0.00 Applied To TrOOP: 0.00 Applied To OOPM/MOOP: 0.00 Paid by Other Insurance: 0.00 Alternate Amount Paid: 0.00 Previous Amount Paid: 0.00 In Network Accumulation: 0.00 Out of Network Accumulation: 0.00
---	--

Med D Financials: LICCS Paid by Plan: 613.32 SPAP/Integrator Paid Amt: 0.00 Reported Gap Discount: 0.00 Deductible Gross Cost: 0.00 Deductible Plan Pay: 0.00 Initial Gross Cost: 0.00 Initial Plan Pay: 0.00 Gap Gross Cost: 0.00 Gap Plan Pay: 0.00 Catastrophic Gross Cost: 12266.42 Catastrophic Plan Pay: 11653.10	
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View Settlement Codes View Comments Back

Pharmacy Reimbursement

Reimbursement Type:
 Reimbursement Number:
 Reimbursement Amount:
 Posting Date:
 Reporting Number:

Reversal

Reimbursement Type:
 Reimbursement Number:
 Reimbursement Amount:
 Posting Date:
 Reporting Number:

[View Reimbursements](#)

Recipient

Name:
 Alternate Name:
 Address:
 City:
 State:
 Zip:

[Go to top...](#)

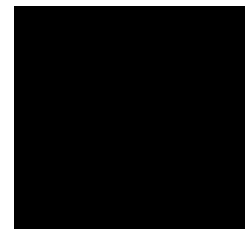
EXHIBIT 57



P.O. Box 30013, Pittsburgh, PA 15222-0330

February 7, 2019

[REDACTED]
[REDACTED] OK [REDACTED]



**YOUR DRUG IS NOT ON OUR LIST OF COVERED DRUGS (FORMULARY)
OR IS SUBJECT TO CERTAIN LIMITS**

Dear [REDACTED]:

We want to tell you that SilverScript Choice (PDP) has provided you with a temporary supply of the following prescription: LEDIP-SOFOSB TAB 90-400MG.

This drug is either not included on our list of covered drugs (called our formulary), or it's included on the formulary but subject to certain limits, as described in more detail later in this letter. SilverScript Choice (PDP) is required to provide you with a temporary supply of this drug. If your prescription is written for fewer than 30 days, we'll allow multiple fills to provide up to a maximum 30-day supply of medication.

It's important to understand that this is a temporary supply of this drug. Well before you run out of this drug, you should speak to SilverScript Choice (PDP) and/or the prescriber about:

- changing the drug to another drug that is on our formulary; or
- requesting approval for the drug by demonstrating that you meet our criteria for coverage; or
- requesting an exception from our criteria for coverage.

When you request approval for coverage or an exception from coverage criteria, these are called coverage determinations. Don't assume that any coverage determination, including any exception, you have requested or appealed has been approved just because you receive more fills of a drug. If we approve coverage, then we'll send you another written notice.

If you need assistance in requesting a coverage determination, including an exception, or if you want more information about when we will cover a temporary supply of a drug, contact us at 1-866-235-5660. TTY users should call 711. Live representatives are available 24 hours a day, 7 days a week. You can ask us for a coverage determination at any time. **Instructions on how to change your current prescription, how to ask for a coverage determination (including an exception), and how to appeal a denial if you disagree with our coverage determination are discussed at the end of this letter.**

The following is a specific explanation of why your drug is not covered or is limited.

Name of Drug: LEDIP-SOFOSB TAB 90-400MG

Date Filled: 02/05/2019

Reason for Notification: This drug is not on our formulary. We will not continue to pay for this drug after you have received the maximum 30 days' temporary supply that we are required to cover unless you obtain a formulary exception from us.

[REDACTED]
[REDACTED]



CVS-002169

How do I change my prescription?

If your drug is not on our formulary, or is on our formulary but we have placed a limit on it, you can ask us what other drug used to treat your medical condition is on our formulary, ask us to approve coverage by showing that you meet our criteria, or ask us for an exception. We encourage you to ask your prescriber if this other drug that we cover is an option for you. You have the right to request an exception from us to cover your drug that was originally prescribed. If you ask for an exception, your prescriber will need to provide us with a statement explaining why a prior authorization, quantity limit, or other limit we have placed on your drug is not medically appropriate for you.

How do I request a coverage determination, including an exception?

You or your prescriber may contact us to request a coverage determination, including an exception. The toll-free phone number is 1-866-235-5660 (TTY users should call 711), or you may fax to 1-855-633-7673, or you may write to us at: SilverScript Insurance Company Prescription Drug Plans Coverage Decisions and Appeals Department, P.O. Box 52000, MC 109, Phoenix, AZ 85072-2000. We are available 24 hours a day, 7 days a week.

If you are requesting coverage of a drug that is not on our formulary or an exception to a coverage rule, your prescriber must provide a statement supporting your request. It may be helpful to bring this notice with you to the prescriber or send a copy to his or her office. If the exception request involves a drug that is not on our formulary, the prescriber's statement must indicate that the requested drug is medically necessary for treating your condition because all of the drugs on our formulary would be less effective than the requested drug or would have adverse effects for you. If the exception request involves a prior authorization or other coverage rule we have placed on a drug that is on our formulary, the prescriber's statement must indicate that the coverage rule wouldn't be appropriate for you given your condition or would have adverse effects for you.

We must notify you of our decision no later than 24 hours, if the request has been expedited, or no later than 72 hours, if the request is a standard request, from when we receive your request. For exceptions, the timeframe begins when we obtain your prescriber's statement. Your request will be expedited if we determine, or your prescriber tells us, that your life, health, or ability to regain maximum function may be seriously jeopardized by waiting for a standard decision.

What if my request for coverage is denied?

If your request for coverage is denied, you have the right to appeal by asking for a review of the prior decision, which is called a redetermination. You must request this appeal within 60 calendar days from the date of our written decision on your coverage determination request. We accept standard and expedited requests by telephone and in writing. Contact us at: SilverScript Insurance Company Prescription Drug Plans Coverage Decisions and Appeals Department, P.O. Box 52000, MC 109, Phoenix, AZ 85072-2000; phone: 1-866-235-5660; TTY: 711; fax: 1-855-633-7673; 24 hours a day, 7 days a week.

If you need assistance in requesting a coverage determination, including an exception, or if you want more information about when we will cover a temporary supply of a drug, contact us at 1-866-235-5660, 24 hours a day, 7 days a week. TTY users should call 711. Live representatives are available 24 hours a day, 7 days a week. You can ask us for a coverage determination at any time. You can also visit our website at www.silverscript.com.

Sincerely,

SilverScript Choice (PDP)

The formulary may change at any time. You will receive notice when necessary.

Beneficiaries must use network pharmacies to access their prescription drug benefit.

ATENCIÓN: Si usted habla español, tenemos servicios de asistencia lingüística disponibles para usted sin costo alguno. Llame al 1-866-235-5660 (TTY: 711).

SilverScript is a Prescription Drug Plan with a Medicare contract offered by SilverScript Insurance Company. Enrollment in SilverScript depends on contract renewal.

SilverScript® Insurance Company complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. SilverScript Insurance Company does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

SilverScript Insurance Company:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
 - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need written information in other formats or free language services, please contact Customer Care. This number can be found on the back of your member ID card or on the letter that accompanied this notice.

If you believe that SilverScript Insurance Company has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with: SilverScript Insurance Company, Grievance Department, P.O. Box 30016, Pittsburgh, PA 15222-0330. Fax: 1-866-217-3353.

You can file a grievance by mail, or by fax. If you need help filing a grievance, the SilverScript Grievance Department is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, 1-800-368-1019, 1-800-537-7697 (TDD). Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

ENGLISH

ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call 1-866-235-5660 (TTY: 711).

SPANISH

ATENCIÓN: Si usted habla español, tenemos servicios de asistencia lingüística disponibles para usted sin costo alguno. Llame al 1-866-235-5660 (TTY: 711).

CHINESE

小贴士：如果您说普通话，欢迎使用免费语言协助服务。请拨1-866-235-5660 (TTY: 711)。

VIETNAMESE

CHÚ Ý: Nếu quý vị nói tiếng Việt, thì có sẵn các dịch vụ trợ giúp ngôn ngữ miễn phí dành cho quý vị. Hãy gọi số 1-866-235-5660 (TTY: 711).

KOREAN

알림: 한국어를 하시는 경우 무료 통역 서비스가 준비되어 있습니다. 1-866-235-5660 (TTY: 711)로 연락주시기 바랍니다.

TAGALOG

PANSININ: Kung nagsasalita po kayo ng Tagalog, magagamit ninyo ang mga serbisyong tulong sa wika ng walang bayad. Tawagan po ang 1-866-235-5660 (TTY: 711).

RUSSIAN

ВНИМАНИЕ: Если вы говорите на русском языке, вам будут бесплатно предоставлены услуги переводчика. Звоните по телефону: 1-866-235-5660 (телетайп: 711).

ARABIC

ملاحظة: إذا كنت تتحدث العربية، تتوفر خدمات المساعدة اللغوية مجاناً من أجلك. اتصل بالرقم 1-866-235-5660 (الهاتف النصي: 711).

FRENCH CREOLE

ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-866-235-5660 (TTY: 711).

FRENCH

ATTENTION : Si vous parlez français, des services gratuits d'interprétation sont à votre disposition. Veuillez appeler le 1-866-235-5660 (TTY: 711).

POLISH

UWAGA: Dla osób mówiących po polsku dostępna jest bezpłatna pomoc językowa. Zadzwoń pod numer 1-866-235-5660 (TTY: 711).

PORTUGUESE

ATENÇÃO: Se fala português, estão disponíveis serviços gratuitos de assistência linguística na sua língua. Telefone para 1-866-235-5660 (TTY: 711).

ITALIAN

ATTENZIONE: Se lei parla italiano, sono disponibili servizi gratuiti di assistenza linguistica nella sua lingua. Chiami 1-866-235-5660 (TTY: 711).

JAPANESE

お知らせ: 日本語での対応を望まれる方には、無料で通訳サービスをご利用になれます。電話番号1-866-235-5660 (TTY: 711) までお問い合わせ下さい。

GERMAN

BITTE BEACHTEN: Wenn Sie Deutsch sprechen, stehen Ihnen unsere Dolmetscher unter der Nummer 1-866-235-5660 (TTY: 711) kostenlos zur Verfügung.

FARSI

توجه: چنانچه به زبان فارسی صحبت می‌کنید، خدمات کمک زبانی، به صورت رایگان، در اختیار شما قرار خواهد گرفت. با شماره 1-866-235-5660 (TTY: 711) تماس بگیرید.

EXHIBIT 58

Date	Time	Created By	Form of Contact	Activity	Tasks	Contact Duration (mm:ss)	Activity Notes
03-14-2019	11:17am	OUTLEY RAEAL	INCOMING - PHONE CALL	CAPTURING ACTIVITY TEST CLAIM INDG More activities		10:54	REASON TO FORGET THE PLAN. NAZIONALE BMO - C
03-14-2019	11:34am	WILSON VERONICA	PHONE CALL	CAPTURING ACTIVITY INTERNAL TRANSFER More activities		09:39	REASON TO FORGET THE PLAN. NAZIONALE BMO - C
03-14-2019	11:02am	HALL RUTH	INCOMING - PHONE CALL	INTERNAL TRANSFER VERY ACCOUNT		01:14	REASON TO FORGET THE PLAN. NAZIONALE BMO - C

EXHIBIT 59

CAREMARK

PeopleSafe®

Close

Eligibility Maintenance

Participant Inquiry

Resolution Manager

Medicare D Inquiry

View Opportunities

Tools:
Select A Tool

Client: [REDACTED] SILVERSCRIPT-INDIV-ENROLL

System: RXCLAIM

External ID: [REDACTED]

Name: [REDACTED]

Gndr: M

Relationship: MEMBER

Born: [REDACTED] 1981

Effective: 01-01-2019

Expiration: 12-31-2039

Main Screen

Financial Details

View Activity

Prescription History

Test Claim

Plan Benefit Override

Account Balance

Explanation of Benefits

Transaction History

Communication History

Caremark.com

Pharmacy Network

Retail Transaction

Plan Summary

FSA/HSA/HRA History

Coordination of Benefits

Order Placement

Adjustments

Client Managed G & A

View Triggers

Prescription for: [REDACTED] MEMBER

Delivery System: POINT OF SALE

Dispense As Written: 0 - NO DAW

Drug Price Type: AVERAGE WHOLESALE PRICE

Prescription Number: [REDACTED] Go to Reimbursement...

Pharmacy NPI: [REDACTED]

Drug Price Source: MEDISPAN

Drug NDC: 61958190101

Pharmacy NCPDP: [REDACTED]

Client Claim Price Type:

Drug Name: HARVONI

Pharmacy Claim Price Type: Alternate

Participant Pay

Participant Copay: 8.50

Initial Copay: 0.00

Gap Copay: 1819.59

Catastrophic Copay: 0.00

Network Penalty: 0.00

Deductible: 0.00

MAC / DAW Penalty: 0.00

Non Formulary Penalty: 0.00

After MAB: 0.00

- FSA Contribution Amount: 0.00

- HRA Contribution Amount: 0.00

+ COB Non Covered Amt: 0.00

=====

Participant Cost: 8.50

Client Pay

Usual and Customary:

Cost Submitted: 37800.00

Cost Allowed: 32198.04

Other Payer Recognized: 0.00

Dispensing Fee: 0.50

Level Of Effort Fee: 0.00

Administration Fee: 0.00

Performance / Service Fee: 0.00

Sales Tax: 0.00

PDP Service Fee: 0.00

PRX Fee Amount: 0.00

Client Billed Cost: 0.00

Total Client Cost: 32190.04

Pharmacy Pay:

Usual and Customary:

Cost Allowed: 32198.04

Other Payer Recognized: 0.00

Dispensing Fee: 0.50

Level Of Effort Fee: 0.00

Administration Fee: 0.00

Performance / Service Fee: 0.00

Sales Tax: 0.00

PDP Service Fee: 0.00

Other Amount Paid: 0.00

Total Pharmacy Reimbursement: 32190.04

Health Reimbursement Account:

Benefits: 0.00

Member Access Fee:

Amount Used: 0.00

HRA Remaining Balance: 0.00

Miscellaneous

Applied To Out of Pocket: 0.00

Applied To TROOP: 0.00

Applied To OOPM/MOOP: 0.00

Paid by Other Insurance: 0.00

Alternate Amount Paid: 0.00

Previous Amount Paid: 0.00

In Network Accumulation: 0.00

Out of Network Accumulation: 0.00

Med D Financials:

LICS Paid by Plan: 3330.03

SPAP/Integrator Paid Amt: 0.00

Reported Gap Discount: 0.00

Deductible Gross Cost: 0.00

Deductible Plan Pay: 0.00

Initial Gross Cost: 0.00

Initial Plan Pay: 0.00

Gap Gross Cost: 1819.59

Gap Plan Pay: 0.00

Catastrophic Gross Cost: 30378.95

Catastrophic Plan Pay: 28860.01

View Settlement Codes

View Comments

Back

Pharmacy
Reimbursement

Reimbursement Type:
Reimbursement Number:
Reimbursement Amount:
Posting Date:
Reporting Number:

Reversal

Reimbursement Type:
Reimbursement Number:
Reimbursement Amount:
Posting Date:
Reporting Number:

View Reimbursements

Recipient

Name:
Alternate Name:
Address:
City:
State:
Zip:

[Go to top](#)

EXHIBIT 60

Harvoni & Epclusa Gx Rejected Claims (for the month of January 2019)

<u>Plan</u>	<u>Member State</u>	<u>Claim Fill Date</u>	<u>Product/Drug Label Name</u>
SILVERSCRIPT-INDIV-ENROLL	AL	1/9/19	SOFOS/VELPAT TAB 400-100
SILVERSCRIPT-INDIV-ENROLL	AL	1/9/19	SOFOS/VELPAT TAB 400-100
SILVERSCRIPT-INDIV-ENROLL	AL	1/9/19	SOFOS/VELPAT TAB 400-100
SILVERSCRIPT-INDIV-ENROLL	AR	1/30/19	SOFOS/VELPAT TAB 400-100
SILVERSCRIPT-INDIV-ENROLL	AZ	1/22/19	SOFOS/VELPAT TAB 400-100
SILVERSCRIPT-INDIV-ENROLL	AZ	1/22/19	SOFOS/VELPAT TAB 400-100
SILVERSCRIPT-INDIV-ENROLL	AZ	1/23/19	SOFOS/VELPAT TAB 400-100
SILVERSCRIPT-INDIV-ENROLL	CA	1/22/19	SOFOS/VELPAT TAB 400-100
SILVERSCRIPT-INDIV-ENROLL	CA	1/14/19	SOFOS/VELPAT TAB 400-100
SILVERSCRIPT-INDIV-ENROLL	CA	1/10/19	SOFOS/VELPAT TAB 400-100
SILVERSCRIPT-INDIV-ENROLL	CA	1/29/19	LEDIP-SOFOSB TAB 90-400MG
SILVERSCRIPT-INDIV-ENROLL	CA	1/29/19	LEDIP-SOFOSB TAB 90-400MG
SILVERSCRIPT-INDIV-ENROLL	CA	1/24/19	LEDIP-SOFOSB TAB 90-400MG
SILVERSCRIPT-INDIV-ENROLL	CA	1/24/19	LEDIP-SOFOSB TAB 90-400MG
SILVERSCRIPT-INDIV-ENROLL	CA	1/24/19	LEDIP-SOFOSB TAB 90-400MG
SILVERSCRIPT-INDIV-ENROLL	CA	1/24/19	LEDIP-SOFOSB TAB 90-400MG
SILVERSCRIPT-INDIV-ENROLL	CA	1/15/19	LEDIP-SOFOSB TAB 90-400MG
SILVERSCRIPT-INDIV-ENROLL	CO	1/17/19	LEDIP-SOFOSB TAB 90-400MG
SILVERSCRIPT-INDIV-ENROLL	CO	1/17/19	LEDIP-SOFOSB TAB 90-400MG

<u>Plan</u>	<u>Member State</u>	<u>Claim Fill Date</u>	<u>Product/Drug Label Name</u>
SILVERSCRIPT-INDIV-ENROLL	CO	1/14/19	LEDIP-SOFOSB TAB 90-400MG
SILVERSCRIPT-INDIV-ENROLL	CT	1/22/19	SOFOS/VELPAT TAB 400-100
SILVERSCRIPT-INDIV-ENROLL	FL	1/28/19	SOFOS/VELPAT TAB 400-100
SILVERSCRIPT-INDIV-ENROLL	FL	1/28/19	SOFOS/VELPAT TAB 400-100
SILVERSCRIPT-INDIV-ENROLL	FL	1/15/19	SOFOS/VELPAT TAB 400-100
SILVERSCRIPT-INDIV-ENROLL	FL	1/21/19	SOFOS/VELPAT TAB 400-100
SILVERSCRIPT-INDIV-ENROLL	FL	1/22/19	SOFOS/VELPAT TAB 400-100
SILVERSCRIPT-INDIV-ENROLL	FL	1/24/19	SOFOS/VELPAT TAB 400-100
SILVERSCRIPT-INDIV-ENROLL	FL	1/28/19	SOFOS/VELPAT TAB 400-100
SILVERSCRIPT-INDIV-ENROLL	FL	1/9/19	SOFOS/VELPAT TAB 400-100
SILVERSCRIPT-INDIV-ENROLL	FL	1/30/19	LEDIP-SOFOSB TAB 90-400MG
SILVERSCRIPT-INDIV-ENROLL	GA	1/25/19	SOFOS/VELPAT TAB 400-100
SILVERSCRIPT-INDIV-ENROLL	GA	1/31/19	SOFOS/VELPAT TAB 400-100
SILVERSCRIPT-INDIV-ENROLL	GA	1/16/19	LEDIP-SOFOSB TAB 90-400MG
SILVERSCRIPT-INDIV-ENROLL	GA	1/28/19	LEDIP-SOFOSB TAB 90-400MG
SILVERSCRIPT-INDIV-ENROLL	IL	1/23/19	SOFOS/VELPAT TAB 400-100
SILVERSCRIPT-INDIV-ENROLL	IL	1/23/19	SOFOS/VELPAT TAB 400-100
SILVERSCRIPT-INDIV-ENROLL	IL	1/23/19	SOFOS/VELPAT TAB 400-100
SILVERSCRIPT-INDIV-ENROLL	IL	1/23/19	SOFOS/VELPAT TAB 400-100
SILVERSCRIPT-INDIV-ENROLL	IL	1/23/19	SOFOS/VELPAT TAB 400-100
SILVERSCRIPT-INDIV-ENROLL	IN	1/22/19	SOFOS/VELPAT TAB 400-100

<u>Plan</u>	<u>Member State</u>	<u>Claim Fill Date</u>	<u>Product/Drug Label Name</u>
SILVERSCRIPT-INDIV-ENROLL	IN	1/18/19	SOFOS/VELPAT TAB 400-100
SILVERSCRIPT-INDIV-ENROLL	IN	1/18/19	SOFOS/VELPAT TAB 400-100
SILVERSCRIPT-INDIV-ENROLL	IN	1/28/19	LEDIP-SOFOSB TAB 90-400MG
SILVERSCRIPT-INDIV-ENROLL	KS	1/28/19	SOFOS/VELPAT TAB 400-100
SILVERSCRIPT-INDIV-ENROLL	KY	1/31/19	SOFOS/VELPAT TAB 400-100
SILVERSCRIPT-INDIV-ENROLL	MA	1/11/19	SOFOS/VELPAT TAB 400-100
SILVERSCRIPT-INDIV-ENROLL	MA	1/11/19	SOFOS/VELPAT TAB 400-100
SILVERSCRIPT-INDIV-ENROLL	MA	1/10/19	SOFOS/VELPAT TAB 400-100
SILVERSCRIPT-INDIV-ENROLL	MA	1/9/19	SOFOS/VELPAT TAB 400-100
SILVERSCRIPT-INDIV-ENROLL	MA	1/17/19	LEDIP-SOFOSB TAB 90-400MG
SILVERSCRIPT-INDIV-ENROLL	MD	1/11/19	SOFOS/VELPAT TAB 400-100
SILVERSCRIPT-INDIV-ENROLL	ME	1/30/19	SOFOS/VELPAT TAB 400-100
SILVERSCRIPT-INDIV-ENROLL	MI	1/11/19	SOFOS/VELPAT TAB 400-100
SILVERSCRIPT-INDIV-ENROLL	MI	1/30/19	SOFOS/VELPAT TAB 400-100
SILVERSCRIPT-INDIV-ENROLL	MI	1/30/19	SOFOS/VELPAT TAB 400-100
SILVERSCRIPT-INDIV-ENROLL	MI	1/18/19	SOFOS/VELPAT TAB 400-100
SILVERSCRIPT-INDIV-ENROLL	MI	1/22/19	SOFOS/VELPAT TAB 400-100
SILVERSCRIPT-INDIV-ENROLL	MI	1/24/19	LEDIP-SOFOSB TAB 90-400MG
SILVERSCRIPT-INDIV-ENROLL	MI	1/24/19	LEDIP-SOFOSB TAB 90-400MG
SILVERSCRIPT-INDIV-ENROLL	MI	1/17/19	LEDIP-SOFOSB TAB 90-400MG
SILVERSCRIPT-INDIV-ENROLL	MO	1/28/19	SOFOS/VELPAT TAB 400-100

<u>Plan</u>	<u>Member State</u>	<u>Claim Fill Date</u>	<u>Product/Drug Label Name</u>
SILVERSCRIPT-INDIV-ENROLL	MO	1/23/19	SOFOS/VELPAT TAB 400-100
SILVERSCRIPT-INDIV-ENROLL	MO	1/23/19	SOFOS/VELPAT TAB 400-100
SILVERSCRIPT-INDIV-ENROLL	MO	1/23/19	SOFOS/VELPAT TAB 400-100
SILVERSCRIPT-INDIV-ENROLL	MO	1/30/19	LEDIP-SOFOSB TAB 90-400MG
SILVERSCRIPT-INDIV-ENROLL	MO	1/30/19	LEDIP-SOFOSB TAB 90-400MG
SILVERSCRIPT-INDIV-ENROLL	MS	1/28/19	SOFOS/VELPAT TAB 400-100
SILVERSCRIPT-INDIV-ENROLL	MS	1/29/19	SOFOS/VELPAT TAB 400-100
SILVERSCRIPT-INDIV-ENROLL	MS	1/31/19	SOFOS/VELPAT TAB 400-100
SILVERSCRIPT-INDIV-ENROLL	NC	1/22/19	SOFOS/VELPAT TAB 400-100
SILVERSCRIPT-INDIV-ENROLL	NC	1/30/19	LEDIP-SOFOSB TAB 90-400MG
SILVERSCRIPT-INDIV-ENROLL	NY	1/10/19	SOFOS/VELPAT TAB 400-100
SILVERSCRIPT-INDIV-ENROLL	NY	1/21/19	LEDIP-SOFOSB TAB 90-400MG
SILVERSCRIPT-INDIV-ENROLL	NY	1/21/19	LEDIP-SOFOSB TAB 90-400MG
SILVERSCRIPT-INDIV-ENROLL	NY	1/28/19	LEDIP-SOFOSB TAB 90-400MG
SILVERSCRIPT-INDIV-ENROLL	OR	1/7/19	LEDIP-SOFOSB TAB 90-400MG
SILVERSCRIPT-INDIV-ENROLL	PA	1/31/19	SOFOS/VELPAT TAB 400-100
SILVERSCRIPT-INDIV-ENROLL	PA	1/9/19	LEDIP-SOFOSB TAB 90-400MG
SILVERSCRIPT-INDIV-ENROLL	RI	1/3/19	LEDIP-SOFOSB TAB 90-400MG
SILVERSCRIPT-INDIV-ENROLL	SC	1/22/19	SOFOS/VELPAT TAB 400-100
SILVERSCRIPT-INDIV-ENROLL	TN	1/23/19	SOFOS/VELPAT TAB 400-100
SILVERSCRIPT-INDIV-ENROLL	TN	1/30/19	SOFOS/VELPAT TAB 400-100

<u>Plan</u>	<u>Member State</u>	<u>Claim Fill Date</u>	<u>Product/Drug Label Name</u>
SILVERSCRIPT-INDIV-ENROLL	TN	1/21/19	SOFOS/VELPAT TAB 400-100
SILVERSCRIPT-INDIV-ENROLL	TN	1/22/19	SOFOS/VELPAT TAB 400-100
SILVERSCRIPT-INDIV-ENROLL	TN	1/7/19	SOFOS/VELPAT TAB 400-100
SILVERSCRIPT-INDIV-ENROLL	TX	12/21/18	SOFOS/VELPAT TAB 400-100
SILVERSCRIPT-INDIV-ENROLL	TX	1/23/19	SOFOS/VELPAT TAB 400-100
SILVERSCRIPT-INDIV-ENROLL	VA	1/25/19	SOFOS/VELPAT TAB 400-100
SILVERSCRIPT-INDIV-ENROLL	VT	1/24/19	SOFOS/VELPAT TAB 400-100
SILVERSCRIPT-INDIV-ENROLL	VT	1/24/19	SOFOS/VELPAT TAB 400-100
SILVERSCRIPT-INDIV-ENROLL	WA	1/9/19	SOFOS/VELPAT TAB 400-100
SILVERSCRIPT-INDIV-ENROLL	WI	12/18/18	SOFOS/VELPAT TAB 400-100
SILVERSCRIPT-INDIV-ENROLL	WI	12/18/18	SOFOS/VELPAT TAB 400-100
SILVERSCRIPT-INDIV-ENROLL	WI	12/18/18	SOFOS/VELPAT TAB 400-100
SILVERSCRIPT-INDIV-ENROLL	WI	1/2/19	LEDIP-SOFOSB TAB 90-400MG
SILVERSCRIPT-INDIV-ENROLL	WI	1/21/19	LEDIP-SOFOSB TAB 90-400MG
SILVERSCRIPT-INDIV-ENROLL	WV	1/30/19	SOFOS/VELPAT TAB 400-100
SILVERSCRIPT-INDIV-ENROLL	WV	1/31/19	SOFOS/VELPAT TAB 400-100
SILVERSCRIPT-INDIV-ENROLL	WV	1/28/19	SOFOS/VELPAT TAB 400-100
SILVERSCRIPT-INDIV-ENROLL	WV	1/30/19	SOFOS/VELPAT TAB 400-100
SILVERSCRIPT-INDIV-ENROLL	WV	1/31/19	SOFOS/VELPAT TAB 400-100

EXHIBIT 61

MED D - VENTOLIN® HFA Generic Not Available for SilverScript Choice, Plus, and Allure (PDP) Plans Until Further Notice

[Overview](#)

[Background](#)

[What does this mean for the beneficiary?](#)

[Effects of this Strategy on Beneficiaries](#)

[FAQs](#)

[Log Activity](#)

[Resolution Time](#)

[Related Documents](#)

[Parent SOP](#)

[Abbreviations / Definitions](#)

Overview

VENTOLIN® HFA is a branded prescription drug commonly used for the treatment of asthma. This prescription drug was recently launched in its generic form, albuterol sulfate inhalation aerosol. The generic form of VENTOLIN HFA is not available on SilverScript Choice, Plus, or Allure (PDP) plans until further notice.

VENTOLIN® HFA will be MAINTAINED on the Preferred Brand Tier (Tier 3) in 2019 on the formularies for SilverScript Choice, Plus, and Allure beneficiaries. The generic, albuterol sulfate inhalation aerosol, will **NOT** be added to the formularies.

This applies only to SilverScript Choice, Plus, and Allure beneficiaries in 2019.

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Background

Generic prescription drugs are typically the lowest-cost option when compared to branded prescription drugs. SilverScript **promotes the use of generic prescription drugs** to help plan beneficiaries save money.

- During the initial launch phase for the generic, there will be few manufacturers marketing the generic and the cost of the generic is expected to be relatively high.
- To help keep out-of-pocket costs low, SilverScript is retaining brand VENTOLIN[®] HFA on its formulary on Preferred Brand Tier (Tier 3). VENTOLIN is eligible for a manufacturer discount in the coverage gap.
- SilverScript will continue to keep the brand version of VENTOLIN HFA on the formulary and will **NOT** be adding the generic version until further notice.

Note: SilverScript Employer PDP Plans are being handled differently.

- **SilverScript Choice, Plus, and Allure Plans**

The generic version of VENTOLIN HFA (albuterol sulfate inhalation aerosol) will **NOT** be added to the SilverScript formularies for SilverScript Choice, Plus, and Allure plans in 2019.

- **SilverScript Employer PDP Plans**

Employer PDP Plans may add the generic (albuterol sulfate inhalation aerosol) to their formulary for 2019. Some plans will continue cover the brand in 2019.

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What does this mean for the beneficiary?

Retaining brand VENTOLIN HFA on Preferred Brand Tier (Tier 3) can help keep out-of-pocket costs low for SilverScript beneficiaries.

Note: The generic equivalent albuterol sulfate inhalation aerosol is **not** be on the formulary until further notice.

- Beneficiaries have the option to request an exception if they wish to obtain albuterol sulfate inhalation aerosol.
 - However, exception requests for non-formulary prescription drugs, if approved, are typically approved for coverage at the highest cost share level.
- Brand VENTOLIN HFA is available at the Preferred Brand Tier (Tier 3) copay/coinsurance, so if the request for the generic is granted, the beneficiary would pay the amount associated with the plan's exception tier. This may be a different cost than the brand.

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Effects of this Strategy on Beneficiaries

- Beneficiaries will continue to receive the brand VENTOLIN HFA at the Preferred Brand Tier (Tier 3) cost share.
- The CCR may receive calls from MED D beneficiaries who are confused about the lack of generic version availability of the prescription drug. Refer to the [FAQs](#) section of this document for appropriate responses.

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FAQs

The frequently asked questions below will assist the CCR when addressing incoming calls regarding VENTOLIN HFA.


Note: These specifics apply to non-LIS beneficiaries. See specific Q&A at end of this FAQ section for LIS-specific information.

Question	Answer	
Will VENTOLIN HFA cost more than albuterol sulfate inhalation aerosol in any stage of the Medicare D benefit for non-LIS beneficiaries?	SAY: <ul style="list-style-type: none">This will vary based on your Plan and which Medicare Part D coverage stage you currently are in (e.g., Deductible, Initial Coverage Limits, Coverage Gap or Catastrophic). CCR Process Note: The CCR will review the following grid for information on the anticipated costs of VENTOLIN HFA vs. albuterol sulfate inhalation aerosol during the albuterol sulfate inhalation aerosol initial launch period:	
	Deductible Stage for non-LIS beneficiaries:	SilverScript Choice , Plus, and Allure beneficiaries: <ul style="list-style-type: none">In 2019, no deductible except for Choice Plan beneficiaries who will have a \$100 annual deductible for drugs in Tiers 3 to 5 for beneficiaries residing in Colorado, Georgia, or Texas; Choice beneficiaries residing in Arizona and South Carolina will have a \$415 annual deductible for drugs in Tiers 3 to 5, or Alaska will have a \$415 deductible for all drugs. SilverScript Plus and Allure Plans do not have a deductible. Move to response below in Initial Coverage Limits Stage.
	Initial Coverage Limits (ICL) Stage for non-LIS beneficiaries:	SAY: <ul style="list-style-type: none">Maybe.You will continue to pay your current Preferred Brand Tier (Tier 3) cost share during the

		<ul style="list-style-type: none"> Initial Coverage Limits stage for brand VENTOLIN HFA. Mr. /Mrs. <Beneficiary>, your cost share for brand VENTOLIN HFA will be <\$X.XX>. <p>Move to response below in Coverage Gap Stage.</p>
	Coverage Gap Stage for non-LIS beneficiaries:	<p>SAY:</p> <ul style="list-style-type: none"> No. The Coverage Gap Stage (also called the donut hole) is where you will receive significant savings on brand VENTOLIN HFA. The brand name is less expensive than the generic version because of the manufacturer discount on brand name prescription drugs. In 2019, your cost share in the Coverage Gap Stage is 25% of the price of brand VENTOLIN HFA. If the generic were included at this time on the formulary, your cost share would be 37%. <p>Move to response below in Catastrophic Coverage Stage.</p>
	Catastrophic Stage for non-LIS beneficiaries:	<p>SAY:</p> <ul style="list-style-type: none"> Yes. During this stage of the benefit, it is expected that - because of the price of the brand and generic versions - you will pay 5% of the

	<ul style="list-style-type: none"> • allowed cost.
Why is the brand-name VENTOLIN HFA on the formulary when there is now a generic available?	<p>SAY:</p> <ul style="list-style-type: none"> • In this case, the price of the generic version of VENTOLIN HFA will likely be similar to the price of the brand version for a minimum of six months, and perhaps longer. • There are few manufacturers of the generic version of VENTOLIN HFA to drive the price down. • Until there are competitors and the price of the generic version goes down, your plan will continue to cover brand-name VENTOLIN HFA at the Preferred Brand Tier (Tier 3) cost share in 2019.
Why can't I get the generic? Aren't generics less expensive?	<p>SAY:</p> <ul style="list-style-type: none"> • When a generic version is first available, it is typically similar in price to the brand version. • At this time the generic version, called albuterol sulfate inhalation aerosol, is not on the formulary. <ul style="list-style-type: none"> ○ You do have the option to request a formulary exception. ○ However, exception requests for non-formulary prescription drugs, if approved, are typically approved for coverage at the highest cost share level.
Will my other copays for other prescription drugs be lowered?	<p>SAY:</p> <ul style="list-style-type: none"> • No. • You will continue to pay the copay/coinsurance for other brand name and generic prescription drugs at the current benefit copay.
Could there be other brand prescription drugs that	<p>SAY:</p> <ul style="list-style-type: none"> •

this applies to?	<ul style="list-style-type: none"> • In most cases the generic version of a prescription drug is less expensive than the brand name version and is covered at the lower generic copay. • The exception typically applies during the first few years the generic version of a prescription drug is launched.
How long will VENTOLIN HFA remain on the formulary on the Preferred Brand Tier (Tier 3)?	<p>SAY:</p> <ul style="list-style-type: none"> • We anticipate that VENTOLIN HFA will remain on the formulary on the Preferred Brand Tier (Tier 3) in 2019 until the price of the generic form of VENTOLIN HFA drops. • We anticipate it will be a minimum of six months, however that is based on market conditions not within our control and could change.
What should I do if brand VENTOLIN HFA is removed from the formulary during the plan year?	<p>SAY:</p> <ul style="list-style-type: none"> • We will provide you with prior notification if brand VENTOLIN HFA removed from the formulary during the Plan year. • The type of notification depends on whether you are using the prescription drug and whether the change happens during the plan year or at the beginning of the next plan year. <ul style="list-style-type: none"> ○ If we make this change during the plan year, and you are using VENTOLIN HFA, you will receive written notification of the change in your Explanation of Benefits (EOB). ○ If we make this change at the beginning of the next plan year, the change will be noted in the formulary included as part of your Annual Notice of Change (ANOC) packet.

	<ul style="list-style-type: none">○ You should review your plan's formulary carefully.• If brand VENTOLIN HFA is removed from the formulary and you want to continue using brand VENTOLIN HFA, you will have the option to request a formulary exception.• However, exception requests for non-formulary prescription drugs, if approved, are typically approved for coverage at the highest cost share level.	
May I, as the beneficiary, request a coverage determination for the generic product?	<p>SAY:</p> <ul style="list-style-type: none">• Yes, you as the beneficiary may request a coverage determination for albuterol sulfate inhalation aerosol.<ul style="list-style-type: none">○ However, exception requests for non-formulary prescription drugs, if approved, are typically approved for coverage at the highest cost share level. <p> Refer to the Med D Care - Coverage Determination/Appeal (New or Status Update) document.</p>	
Will albuterol sulfate inhalation aerosol be added to the formulary during the 2019 plan year?	<p>SAY:</p> <p>The addition of the generic to the formulary will be re-evaluated during the year.</p>	
Will VENTOLIN HFA cost more than albuterol sulfate inhalation aerosol in any stage of the Medicare Part D benefit for LIS beneficiaries?	<p>CCR Process Note: The CCR will review the following information for LIS beneficiaries on the anticipated costs of VENTOLIN HFA vs. albuterol sulfate inhalation aerosol during the albuterol sulfate inhalation aerosol initial launch period:</p>	
	For LIS 1 & 2 Beneficiaries:	<p>SAY:</p> <ul style="list-style-type: none">• Maybe.• In the Catastrophic Coverage Stage of the

		<ul style="list-style-type: none"> • benefit, you will continue to receive VENTOLIN HFA at no cost. • If you have not yet reached the Catastrophic Coverage Stage, you might have to pay your brand name copayment for VENTOLIN HFA until you reach the Catastrophic Coverage Stage.
	FOR LIS 3 Beneficiaries:	SAY: <ul style="list-style-type: none"> • No.
	FOR LIS 4 Beneficiaries:	SAY: <ul style="list-style-type: none"> • Maybe. • If you are in the Initial Coverage Limits Stage (ICL) or the Post-Initial Coverage Limits Stage of the benefit you will continue to pay your current coinsurance for VENTOLIN HFA. • If you are in the Catastrophic Coverage Stage, you will continue to pay the LIS brand name copayment for VENTOLIN HFA.

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Log Activity

1003 – Plan Design Education

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Resolution Time

Information = immediate

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Related Documents

Grievance Standard Verbiage (for use in Discussion with Beneficiary) section in [MED D Care - Grievances in PeopleSafe and MedHOK](#)

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Parent SOP

CALL-0048: [Medicare Part D Customer Care Call Center Requirements- CVS Caremark Part D Services, L.L.C.](#)

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Abbreviations / Definitions

[Mail Service Customer Care Abbreviations and Definitions](#)

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EXHIBIT 62

Peoplesafe

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EXHIBIT 63



P.O. Box 30013, Pittsburgh, PA 15222-0330

February 12, 2019

**YOUR DRUG IS NOT ON OUR LIST OF COVERED DRUGS (FORMULARY)
OR IS SUBJECT TO CERTAIN LIMITS**

Dear [REDACTED]

We want to tell you that SilverScript Allure (PDP) has provided you with a temporary supply of the following prescription: ALBUTEROL AER HFA.

This drug is either not included on our list of covered drugs (called our formulary), or it's included on the formulary but subject to certain limits, as described in more detail later in this letter. SilverScript Allure (PDP) is required to provide you with a temporary supply of this drug. If your prescription is written for fewer than 30 days, we'll allow multiple fills to provide up to a maximum 30-day supply of medication.

It's important to understand that this is a temporary supply of this drug. Well before you run out of this drug, you should speak to SilverScript Allure (PDP) and/or the prescriber about:

- changing the drug to another drug that is on our formulary; or
- requesting approval for the drug by demonstrating that you meet our criteria for coverage; or
- requesting an exception from our criteria for coverage.

When you request approval for coverage or an exception from coverage criteria, these are called coverage determinations. Don't assume that any coverage determination, including any exception, you have requested or appealed has been approved just because you receive more fills of a drug. If we approve coverage, then we'll send you another written notice.

If you need assistance in requesting a coverage determination, including an exception, or if you want more information about when we will cover a temporary supply of a drug, contact us at 1-866-235-5660. TTY users should call 711. Live representatives are available 24 hours a day, 7 days a week. You can ask us for a coverage determination at any time. **Instructions on how to change your current prescription, how to ask for a coverage determination (including an exception), and how to appeal a denial if you disagree with our coverage determination are discussed at the end of this letter.**

The following is a specific explanation of why your drug is not covered or is limited.

Name of Drug: ALBUTEROL AER HFA

Date Filled: 02/09/2019

Reason for Notification: This drug is not on our formulary. We will not continue to pay for this drug after you have received the maximum 30 days' temporary supply that we are required to cover unless you obtain a formulary exception from us.

How do I change my prescription?

If your drug is not on our formulary, or is on our formulary but we have placed a limit on it, you can ask us what other drug used to treat your medical condition is on our formulary, ask us to approve coverage by showing that you meet our criteria, or ask us for an exception. We encourage you to ask your prescriber if this other drug that we cover is an option for you. You have the right to request an exception from us to cover your drug that was originally prescribed. If you ask for an exception, your prescriber will need to provide us with a statement explaining why a prior authorization, quantity limit, or other limit we have placed on your drug is not medically appropriate for you.

How do I request a coverage determination, including an exception?

You or your prescriber may contact us to request a coverage determination, including an exception. The toll-free phone number is 1-866-235-5660 (TTY users should call 711), or you may fax to 1-855-633-7673, or you may write to us at: SilverScript Insurance Company Prescription Drug Plans Coverage Decisions and Appeals Department, P.O. Box 52000, MC 109, Phoenix, AZ 85072-2000. We are available 24 hours a day, 7 days a week.

If you are requesting coverage of a drug that is not on our formulary or an exception to a coverage rule, your prescriber must provide a statement supporting your request. It may be helpful to bring this notice with you to the prescriber or send a copy to his or her office. If the exception request involves a drug that is not on our formulary, the prescriber's statement must indicate that the requested drug is medically necessary for treating your condition because all of the drugs on our formulary would be less effective than the requested drug or would have adverse effects for you. If the exception request involves a prior authorization or other coverage rule we have placed on a drug that is on our formulary, the prescriber's statement must indicate that the coverage rule wouldn't be appropriate for you given your condition or would have adverse effects for you.

We must notify you of our decision no later than 24 hours, if the request has been expedited, or no later than 72 hours, if the request is a standard request, from when we receive your request. For exceptions, the timeframe begins when we obtain your prescriber's statement. Your request will be expedited if we determine, or your prescriber tells us, that your life, health, or ability to regain maximum function may be seriously jeopardized by waiting for a standard decision.

What if my request for coverage is denied?

If your request for coverage is denied, you have the right to appeal by asking for a review of the prior decision, which is called a redetermination. You must request this appeal within 60 calendar days from the date of our written decision on your coverage determination request. We accept standard and expedited requests by telephone and in writing. Contact us at: SilverScript Insurance Company Prescription Drug Plans Coverage Decisions and Appeals Department, P.O. Box 52000, MC 109, Phoenix, AZ 85072-2000; phone: 1-866-235-5660; TTY: 711; fax: 1-855-633-7673; 24 hours a day, 7 days a week.

If you need assistance in requesting a coverage determination, including an exception, or if you want more information about when we will cover a temporary supply of a drug, contact us at 1-866-235-5660, 24 hours a day, 7 days a week. TTY users should call 711. Live representatives are available 24 hours a day, 7 days a week. You can ask us for a coverage determination at any time. You can also visit our website at www.silverscript.com.

Sincerely,

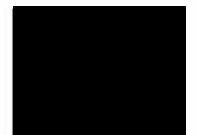
SilverScript Allure (PDP)

The formulary may change at any time. You will receive notice when necessary.

Beneficiaries must use network pharmacies to access their prescription drug benefit.

ATENCIÓN: Si usted habla español, tenemos servicios de asistencia lingüística disponibles para usted sin costo alguno. Llame al 1-866-235-5660 (TTY: 711).

SilverScript is a Prescription Drug Plan with a Medicare contract offered by SilverScript Insurance Company. Enrollment in SilverScript depends on contract renewal.



SilverScript® Insurance Company complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. SilverScript Insurance Company does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

SilverScript Insurance Company:

- § Provides free aids and services to people with disabilities to communicate effectively with us, such as:
 - Written information in other formats (large print, audio, accessible electronic formats, other formats)

- § Provides free language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need written information in other formats or free language services, please contact Customer Care. This number can be found on the back of your member ID card or on the letter that accompanied this notice.

If you believe that SilverScript Insurance Company has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with: SilverScript Insurance Company, Grievance Department, P.O. Box 30016, Pittsburgh, PA 15222-0330. Fax: 1-866-217-3353.

You can file a grievance by mail, or by fax. If you need help filing a grievance, the SilverScript Grievance Department is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, 1-800-368-1019, 1-800-537-7697 (TDD). Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

[REDACTED]

[REDACTED]

[REDACTED]

ENGLISH

ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call 1-866-235-5660 (TTY*711).

SPANISH

ATENCIÓN: Si usted habla español, tenemos servicios de asistencia lingüística disponibles para usted sin costo alguno. Llame al 1-866-235-5660 (TTY: 711).

CHINESE

* * * * *
* * * * * 1-866-235-5660 (TTY:
711)*

VIETNAMESE

CHÚ Ý: Nếu quý vị nói tiếng Việt, thì có sẵn các dịch vụ trợ giúp ngôn ngữ miễn phí dành cho quý vị. Hãy gọi số 1-866-235-5660 (TTY: 711).

KOREAN

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1-866-235-5660 (TTY: 711)* * * * *
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TAGALOG

PANSININ: Kung nagsasalita po kayo ng Tagalog, magagamit ninyo ang mga serbisyong tulong sa wika ng walang bayad. Tawagan po ang *****235-5660 (TTY: 711).

RUSSIAN

ВНИМАНИЕ: Если вы говорите на русском языке, вам будут бесплатно предоставлены услуги переводчика. Звоните по телефону: 1-866-235-5660 (телетайп: 711).

ARABIC

ملاحظة: إذا كنت تتحدث العربية، تتوفر خدمات المساعدة اللغوية مجاناً. من أجليك. اتصل بالرقم 1-866-235-5660 (الهاتف النصي: 711).

FRENCH CREOLE

ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-866-235-5660 (TTY: 711).

FRENCH

ATTENTION : Si vous parlez français, des services gratuits d'interprétation sont à votre disposition. Veuillez appeler le 1-866-235-5660 (TTY: 711).

POLISH

UWAGA: Dla osób mówiących po polsku dostępna jest bezpłatna pomoc językowa. Zadzwoń pod numer 1-866-235-5660 (TTY: 711).

PORTUGUESE

ATENÇÃO: Se fala português, estão disponíveis serviços gratuitos de assistência linguística na sua língua. Telefone para 1-866-235-5660 (TTY: 711).

ITALIAN

ATTENZIONE: Se lei parla italiano, sono disponibili servizi gratuiti di assistenza linguistica nella sua lingua. Chiami 1-866-235-5660 (TTY: 711).

JAPANESE

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* * * * * 1-866-235-5660 (TTY: 711) * *
* * * * *

GERMAN

BITTE BEACHTEN: Wenn Sie Deutsch sprechen, stehen Ihnen unsere Dolmetscher unter der Nummer 1-866-235-5660 (TTY: 711) kostenlos zur Verfügung.

FARSI

توجه: چنانچه به زبان فارسی صحبت می‌کنید، خدمات کمک زبانی، به صواب تر، برگه‌ها رد، نختیار شما قرار خواهد گرفت. با شماره 1-866-235-5660 (TTY: 711) تماس بگیرید.

EXHIBIT 64

EXHIBIT 65

Generic Ventolin HFA Transition Fill Claims (2019.02.07 to 2019.02.13)

<u>STATE</u>	<u>DATE FILL</u>	<u>NDC</u>	<u>DRUG</u>
LA	20190207	66993001968	ALBUTEROL AER HFA
MS	20190207	66993001968	ALBUTEROL AER HFA
ID	20190207	66993001968	ALBUTEROL AER HFA
AR	20190207	66993001968	ALBUTEROL AER HFA
FL	20190207	66993001968	ALBUTEROL AER HFA
NY	20190207	66993001968	ALBUTEROL AER HFA
OK	20190207	66993001968	ALBUTEROL AER HFA
WA	20190207	66993001968	ALBUTEROL AER HFA
MO	20190207	66993001968	ALBUTEROL AER HFA
IL	20190207	66993001968	ALBUTEROL AER HFA
OK	20190207	66993001968	ALBUTEROL AER HFA
CA	20190207	66993001968	ALBUTEROL AER HFA
CA	20190207	66993001968	ALBUTEROL AER HFA
NH	20190207	66993001968	ALBUTEROL AER HFA
NC	20190207	66993001968	ALBUTEROL AER HFA
IL	20190207	66993001968	ALBUTEROL AER HFA
AR	20190207	66993001968	ALBUTEROL AER HFA
CA	20190207	66993001968	ALBUTEROL AER HFA
AR	20190207	66993001968	ALBUTEROL AER HFA
MO	20190207	66993001968	ALBUTEROL AER HFA
CO	20190207	66993001968	ALBUTEROL AER HFA
FL	20190207	66993001968	ALBUTEROL AER HFA
AR	20190207	66993001968	ALBUTEROL AER HFA
NJ	20190207	66993001968	ALBUTEROL AER HFA
TX	20190207	66993001968	ALBUTEROL AER HFA
NM	20190207	66993001968	ALBUTEROL AER HFA
OH	20190207	66993001968	ALBUTEROL AER HFA
FL	20190207	66993001968	ALBUTEROL AER HFA
FL	20190207	66993001968	ALBUTEROL AER HFA
SC	20190207	66993001968	ALBUTEROL AER HFA
OH	20190207	66993001968	ALBUTEROL AER HFA
IL	20190207	66993001968	ALBUTEROL AER HFA
NY	20190207	66993001968	ALBUTEROL AER HFA
MD	20190207	66993001968	ALBUTEROL AER HFA
PA	20190207	66993001968	ALBUTEROL AER HFA
NY	20190207	66993001968	ALBUTEROL AER HFA

STATE	DATE FILL	NDC	DRUG
OH	20190207	66993001968	ALBUTEROL AER HFA
OR	20190207	66993001968	ALBUTEROL AER HFA
FL	20190207	66993001968	ALBUTEROL AER HFA
TX	20190207	66993001968	ALBUTEROL AER HFA
KS	20190207	66993001968	ALBUTEROL AER HFA
MA	20190207	66993001968	ALBUTEROL AER HFA
OH	20190207	66993001968	ALBUTEROL AER HFA
WV	20190207	66993001968	ALBUTEROL AER HFA
FL	20190207	66993001968	ALBUTEROL AER HFA
PA	20190207	66993001968	ALBUTEROL AER HFA
AL	20190207	66993001968	ALBUTEROL AER HFA
CA	20190207	66993001968	ALBUTEROL AER HFA
CA	20190207	66993001968	ALBUTEROL AER HFA
CO	20190207	66993001968	ALBUTEROL AER HFA
CA	20190207	66993001968	ALBUTEROL AER HFA
SC	20190207	66993001968	ALBUTEROL AER HFA
MS	20190207	66993001968	ALBUTEROL AER HFA
MN	20190207	66993001968	ALBUTEROL AER HFA
NY	20190207	66993001968	ALBUTEROL AER HFA
KS	20190207	66993001968	ALBUTEROL AER HFA
MD	20190207	66993001968	ALBUTEROL AER HFA
OH	20190207	66993001968	ALBUTEROL AER HFA
MI	20190207	66993001968	ALBUTEROL AER HFA
FL	20190207	66993001968	ALBUTEROL AER HFA
IL	20190207	66993001968	ALBUTEROL AER HFA
WI	20190207	66993001968	ALBUTEROL AER HFA
KY	20190207	66993001968	ALBUTEROL AER HFA
NE	20190207	66993001968	ALBUTEROL AER HFA
OK	20190207	66993001968	ALBUTEROL AER HFA
ID	20190207	66993001968	ALBUTEROL AER HFA
VT	20190207	66993001968	ALBUTEROL AER HFA
TX	20190207	66993001968	ALBUTEROL AER HFA
IL	20190207	66993001968	ALBUTEROL AER HFA
NC	20190207	66993001968	ALBUTEROL AER HFA
OH	20190207	66993001968	ALBUTEROL AER HFA
NJ	20190207	66993001968	ALBUTEROL AER HFA
AZ	20190207	66993001968	ALBUTEROL AER HFA
OR	20190207	66993001968	ALBUTEROL AER HFA
MO	20190207	66993001968	ALBUTEROL AER HFA
MN	20190207	66993001968	ALBUTEROL AER HFA

STATE	DATE FILL	NDC	DRUG
WI	20190207	66993001968	ALBUTEROL AER HFA
WI	20190207	66993001968	ALBUTEROL AER HFA
CA	20190207	66993001968	ALBUTEROL AER HFA
MS	20190207	66993001968	ALBUTEROL AER HFA
IA	20190207	66993001968	ALBUTEROL AER HFA
MD	20190207	66993001968	ALBUTEROL AER HFA
FL	20190207	66993001968	ALBUTEROL AER HFA
NE	20190207	66993001968	ALBUTEROL AER HFA
MS	20190207	66993001968	ALBUTEROL AER HFA
OH	20190207	66993001968	ALBUTEROL AER HFA
OH	20190207	66993001968	ALBUTEROL AER HFA
MS	20190207	66993001968	ALBUTEROL AER HFA
TX	20190207	66993001968	ALBUTEROL AER HFA
PA	20190207	66993001968	ALBUTEROL AER HFA
TX	20190207	66993001968	ALBUTEROL AER HFA
CA	20190207	66993001968	ALBUTEROL AER HFA
FL	20190207	66993001968	ALBUTEROL AER HFA
VA	20190207	66993001968	ALBUTEROL AER HFA
SC	20190207	66993001968	ALBUTEROL AER HFA
FL	20190207	66993001968	ALBUTEROL AER HFA
WA	20190207	66993001968	ALBUTEROL AER HFA
NY	20190207	66993001968	ALBUTEROL AER HFA
CA	20190207	66993001968	ALBUTEROL AER HFA
NM	20190207	66993001968	ALBUTEROL AER HFA
TX	20190207	66993001968	ALBUTEROL AER HFA
SC	20190207	66993001968	ALBUTEROL AER HFA
TX	20190207	66993001968	ALBUTEROL AER HFA
TX	20190207	66993001968	ALBUTEROL AER HFA
NM	20190208	66993001968	ALBUTEROL AER HFA
NY	20190208	66993001968	ALBUTEROL AER HFA
NH	20190208	66993001968	ALBUTEROL AER HFA
PA	20190208	66993001968	ALBUTEROL AER HFA
PA	20190208	66993001968	ALBUTEROL AER HFA
TX	20190208	66993001968	ALBUTEROL AER HFA
WA	20190208	66993001968	ALBUTEROL AER HFA
IA	20190208	66993001968	ALBUTEROL AER HFA
CA	20190208	66993001968	ALBUTEROL AER HFA
NJ	20190208	66993001968	ALBUTEROL AER HFA
WA	20190208	66993001968	ALBUTEROL AER HFA
MD	20190208	66993001968	ALBUTEROL AER HFA

STATE	DATE FILL	NDC	DRUG
AZ	20190208	66993001968	ALBUTEROL AER HFA
MI	20190208	66993001968	ALBUTEROL AER HFA
MN	20190208	66993001968	ALBUTEROL AER HFA
NY	20190208	66993001968	ALBUTEROL AER HFA
OH	20190208	66993001968	ALBUTEROL AER HFA
PA	20190208	66993001968	ALBUTEROL AER HFA
FL	20190208	66993001968	ALBUTEROL AER HFA
WY	20190208	66993001968	ALBUTEROL AER HFA
IA	20190208	66993001968	ALBUTEROL AER HFA
NY	20190208	66993001968	ALBUTEROL AER HFA
OR	20190208	66993001968	ALBUTEROL AER HFA
MN	20190208	66993001968	ALBUTEROL AER HFA
TX	20190208	66993001968	ALBUTEROL AER HFA
MN	20190208	66993001968	ALBUTEROL AER HFA
TN	20190208	66993001968	ALBUTEROL AER HFA
SC	20190208	66993001968	ALBUTEROL AER HFA
KS	20190208	66993001968	ALBUTEROL AER HFA
OH	20190208	66993001968	ALBUTEROL AER HFA
GA	20190208	66993001968	ALBUTEROL AER HFA
WV	20190208	66993001968	ALBUTEROL AER HFA
MN	20190208	66993001968	ALBUTEROL AER HFA
MN	20190208	66993001968	ALBUTEROL AER HFA
NC	20190208	66993001968	ALBUTEROL AER HFA
CA	20190208	66993001968	ALBUTEROL AER HFA
CA	20190208	66993001968	ALBUTEROL AER HFA
CO	20190208	66993001968	ALBUTEROL AER HFA
MO	20190208	66993001968	ALBUTEROL AER HFA
NY	20190208	66993001968	ALBUTEROL AER HFA
CA	20190208	66993001968	ALBUTEROL AER HFA
CA	20190208	66993001968	ALBUTEROL AER HFA
CA	20190208	66993001968	ALBUTEROL AER HFA
CO	20190208	66993001968	ALBUTEROL AER HFA
SC	20190208	66993001968	ALBUTEROL AER HFA
NY	20190208	66993001968	ALBUTEROL AER HFA
KY	20190208	66993001968	ALBUTEROL AER HFA
CA	20190208	66993001968	ALBUTEROL AER HFA
IL	20190208	66993001968	ALBUTEROL AER HFA
MA	20190208	66993001968	ALBUTEROL AER HFA
AR	20190208	66993001968	ALBUTEROL AER HFA
GA	20190208	66993001968	ALBUTEROL AER HFA

STATE	DATE FILL	NDC	DRUG
MN	20190208	66993001968	ALBUTEROL AER HFA
MI	20190208	66993001968	ALBUTEROL AER HFA
MS	20190208	66993001968	ALBUTEROL AER HFA
FL	20190208	66993001968	ALBUTEROL AER HFA
NJ	20190208	66993001968	ALBUTEROL AER HFA
IN	20190208	66993001968	ALBUTEROL AER HFA
TX	20190208	66993001968	ALBUTEROL AER HFA
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NY	20190208	66993001968	ALBUTEROL AER HFA
MD	20190208	66993001968	ALBUTEROL AER HFA
IN	20190208	66993001968	ALBUTEROL AER HFA
MI	20190208	66993001968	ALBUTEROL AER HFA
MI	20190208	66993001968	ALBUTEROL AER HFA
NC	20190208	66993001968	ALBUTEROL AER HFA
CA	20190208	66993001968	ALBUTEROL AER HFA
FL	20190208	66993001968	ALBUTEROL AER HFA
CA	20190208	66993001968	ALBUTEROL AER HFA
NC	20190208	66993001968	ALBUTEROL AER HFA
TX	20190208	66993001968	ALBUTEROL AER HFA
IN	20190208	66993001968	ALBUTEROL AER HFA
IL	20190208	66993001968	ALBUTEROL AER HFA
IL	20190208	66993001968	ALBUTEROL AER HFA
KS	20190208	66993001968	ALBUTEROL AER HFA
NY	20190208	66993001968	ALBUTEROL AER HFA
TN	20190208	66993001968	ALBUTEROL AER HFA
TN	20190208	66993001968	ALBUTEROL AER HFA
GA	20190208	66993001968	ALBUTEROL AER HFA
PA	20190208	66993001968	ALBUTEROL AER HFA
IL	20190209	66993001968	ALBUTEROL AER HFA
DE	20190209	66993001968	ALBUTEROL AER HFA
FL	20190209	66993001968	ALBUTEROL AER HFA
NY	20190209	66993001968	ALBUTEROL AER HFA
TX	20190209	66993001968	ALBUTEROL AER HFA
SC	20190209	66993001968	ALBUTEROL AER HFA
NM	20190209	66993001968	ALBUTEROL AER HFA
SD	20190209	66993001968	ALBUTEROL AER HFA
VA	20190209	66993001968	ALBUTEROL AER HFA
AR	20190209	66993001968	ALBUTEROL AER HFA
WA	20190209	66993001968	ALBUTEROL AER HFA
IL	20190209	66993001968	ALBUTEROL AER HFA

STATE	DATE FILL	NDC	DRUG
NC	20190209	66993001968	ALBUTEROL AER HFA
TN	20190209	66993001968	ALBUTEROL AER HFA
LA	20190209	66993001968	ALBUTEROL AER HFA
NM	20190209	66993001968	ALBUTEROL AER HFA
MN	20190209	66993001968	ALBUTEROL AER HFA
CA	20190209	66993001968	ALBUTEROL AER HFA
SC	20190209	66993001968	ALBUTEROL AER HFA
NV	20190209	66993001968	ALBUTEROL AER HFA
MN	20190209	66993001968	ALBUTEROL AER HFA
NY	20190209	66993001968	ALBUTEROL AER HFA
IA	20190209	66993001968	ALBUTEROL AER HFA
OH	20190209	66993001968	ALBUTEROL AER HFA
WI	20190209	66993001968	ALBUTEROL AER HFA
VA	20190209	66993001968	ALBUTEROL AER HFA
MI	20190209	66993001968	ALBUTEROL AER HFA
MO	20190209	66993001968	ALBUTEROL AER HFA
OH	20190209	66993001968	ALBUTEROL AER HFA
CA	20190209	66993001968	ALBUTEROL AER HFA
AR	20190209	66993001968	ALBUTEROL AER HFA
IN	20190209	66993001968	ALBUTEROL AER HFA
SC	20190209	66993001968	ALBUTEROL AER HFA
SC	20190209	66993001968	ALBUTEROL AER HFA
IN	20190209	66993001968	ALBUTEROL AER HFA
FL	20190210	66993001968	ALBUTEROL AER HFA
GA	20190210	66993001968	ALBUTEROL AER HFA
CA	20190210	66993001968	ALBUTEROL AER HFA
MI	20190210	66993001968	ALBUTEROL AER HFA
RI	20190210	66993001968	ALBUTEROL AER HFA
GA	20190210	66993001968	ALBUTEROL AER HFA
NC	20190210	66993001968	ALBUTEROL AER HFA
NC	20190210	66993001968	ALBUTEROL AER HFA
GA	20190210	66993001968	ALBUTEROL AER HFA
NC	20190210	66993001968	ALBUTEROL AER HFA
MS	20190210	66993001968	ALBUTEROL AER HFA
CA	20190210	66993001968	ALBUTEROL AER HFA
AR	20190210	66993001968	ALBUTEROL AER HFA
GA	20190210	66993001968	ALBUTEROL AER HFA
FL	20190210	66993001968	ALBUTEROL AER HFA
FL	20190210	66993001968	ALBUTEROL AER HFA
OR	20190210	66993001968	ALBUTEROL AER HFA

STATE	DATE FILL	NDC	DRUG
AR	20190210	66993001968	ALBUTEROL AER HFA
CA	20190210	66993001968	ALBUTEROL AER HFA
TN	20190210	66993001968	ALBUTEROL AER HFA
IL	20190210	66993001968	ALBUTEROL AER HFA
MA	20190210	66993001968	ALBUTEROL AER HFA
PA	20190210	66993001968	ALBUTEROL AER HFA
FL	20190210	66993001968	ALBUTEROL AER HFA
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MD	20190211	66993001968	ALBUTEROL AER HFA
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SC	20190211	66993001968	ALBUTEROL AER HFA
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EXHIBIT 66

MED D - CANASA® RECTAL SUPPOSITORY Generic Not Available for SilverScript Choice, Plus, and Allure (PDP) Plans Until Further Notice <Document_Number>

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Grievance Standard Verbiage:

Grievance Standard Verbiage (for use in Discussion with Beneficiary) section in [MED D Care - Grievances in PeopleSafe and MedHOK](#)

Legend:

Icon	Explanation
	Updates to information. The icon should be followed by the date of update. Note: Only the last update will be identified.
	Indicates Important or Urgent information
	Indicates a Talk Track

Overview

CANASA® RECTAL SUPPOSITORY is a branded prescription drug commonly used for the treatment of Crohn's disease, a type of inflammatory bowel disease. This prescription drug was recently launched in its generic form, mesalamine rectal suppository. The generic form of CANASA RECTAL SUPPOSITORY is not available on SilverScript Choice, Plus, or Allure (PDP) plans until further notice.

CANASA RECTAL SUPPOSITORY will be MAINTAINED on the Non-Preferred Drug Tier (Tier 4) in 2019 on the formularies for SilverScript Choice, Plus, and Allure beneficiaries. The generic, mesalamine rectal suppository, will **NOT** be added to the formularies.

This applies only to SilverScript Choice, Plus, and Allure beneficiaries in 2019.

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Background

Generic prescription drugs are typically the lowest-cost option when compared to branded prescription drugs. SilverScript **promotes the use of generic prescription drugs** to help plan beneficiaries save money.

- During the initial launch phase for the generic, there will be few manufacturers marketing the generic and the cost of the generic is expected to be relatively high.
- To help keep out-of-pocket costs low, SilverScript is retaining brand CANASA® RECTAL SUPPOSITORY on its formulary on Non-Preferred Drug Tier (Tier 4). CANASA is eligible for a manufacturer discount in the coverage gap.
- SilverScript will continue to keep the brand version of CANASA RECTAL SUPPOSITORY on the formulary and will **NOT** be adding the generic version until further notice.

Network Pharmacies were also informed of this update.

NOTE: SilverScript Employer PDP Plans are being handled differently.

- **SilverScript Choice, Plus, and Allure Plans**

The generic version of CANASA RECTAL SUPPOSITORY (mesalamine rectal suppository) will **NOT** be added to the SilverScript formularies for SilverScript Choice, Plus, and Allure plans in 2019.

- **SilverScript Employer PDP Plans**

Employer PDP Plans have added the generic (mesalamine rectal suppository) to their formulary for 2019. Some plans will continue cover the brand in 2019.

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Rationale

The goal of this document is to prepare the MED D Customer Care Representative (CCR) for potential inbound questions from the beneficiary regarding the availability of mesalamine rectal suppository and the non-covered status for this prescription drug on SilverScript Plans.

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What does this mean for the beneficiary?

Retaining brand CANASA RECTAL SUPPOSITORY on Non-Preferred Drug Tier (Tier 4) can help keep out-of-pocket costs low for SilverScript beneficiaries.

NOTE: The generic equivalent mesalamine rectal suppository is **NOT** be on the formulary until further notice.

- Beneficiaries have the option to request an exception if they wish to obtain mesalamine rectal suppository.
 - However, exception requests for non-formulary prescription drugs, if approved, are typically approved for coverage at the highest cost share level.

- Brand CANASA RECTAL SUPPOSITORY is available at the Non-Preferred Drug Tier (Tier 4) copay/coinsurance, so if the request for the generic is granted, the beneficiary would pay the amount associated with the plan's exception tier. This may be a different cost than the brand.

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Effects of this Strategy on Beneficiaries

- Beneficiaries will continue to receive the brand CANASA RECTAL SUPPOSITORY at the Non-Preferred Drug Tier (Tier 4) cost share.
- The CCR may receive calls from MED D beneficiaries who are confused about the lack of generic version availability of the prescription drug. Refer to the [FAQs](#) section of this document for appropriate responses.

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FAQs

The frequently asked questions below will assist the CCR when addressing incoming calls regarding CANASA RECTAL SUPPOSITORY.


NOTE: These specifics apply to non-LIS beneficiaries. See specific Q&A at end of this FAQ section for information specific to LIS beneficiaries.

Question	Answer
Will CANASA RECTAL SUPPOSITORY cost more than mesalamine rectal suppository in any stage of the Medicare D benefit for non-LIS beneficiaries?	<p>SAY:</p> <ul style="list-style-type: none"> This will vary based on your Plan and which Medicare Part D coverage stage you currently are in (e.g., Deductible, Initial Coverage Limits, Coverage Gap or Catastrophic). <p>CCR Process Note: The CCR will review the following grid for information on the anticipated costs of CANASA RECTAL SUPPOSITORY vs. mesalamine rectal suppository during the mesalamine rectal suppository initial launch period:</p>
	<p>Deductible Stage for non-LIS beneficiaries:</p> <p>SilverScript Choice , Plus, and Allure beneficiaries:</p> <ul style="list-style-type: none"> In 2019, no deductible except for Choice Plan beneficiaries who will have a \$100 annual deductible for drugs in Tiers 3 to 5 for beneficiaries residing in Colorado, Georgia, or Texas; Choice beneficiaries residing in Arizona, South Carolina, or Alaska will have a \$415 deductible for drugs in Tiers 3 to 5. SilverScript Plus and Allure Plans are not available in Alaska. <p>Move to response below in Initial Coverage Limits Stage.</p>
	<p>Initial Coverage Limits (ICL) Stage for non-LIS beneficiaries:</p> <p>SAY:</p> <ul style="list-style-type: none"> Maybe. You will continue to pay your current Non-Preferred Drug Tier (Tier 4) cost share during the Initial Coverage Limits stage for brand

		<ul style="list-style-type: none"> • CANASA RECTAL SUPPOSITORY. • Mr. /Mrs. <Beneficiary>, your cost share for brand CANASA RECTAL SUPPOSITORY will be <\$X.XX>. <p>Move to response below in Coverage Gap Stage.</p>
	Coverage Gap Stage for non-LIS beneficiaries:	<p>SAY:</p> <ul style="list-style-type: none"> • No. • The Coverage Gap Stage (also called the donut hole) is where you will receive significant savings on brand CANASA RECTAL SUPPOSITORY. • The brand name is less expensive than the generic version because of the manufacturer discount on brand name prescription drugs. • In 2019, your cost share in the Coverage Gap Stage is 25% of the price of brand CANASA RECTAL SUPPOSITORY. If the generic were included at this time on the formulary, your cost share would be 37%. <p>Move to response below in Catastrophic Coverage Stage.</p>
	Catastrophic Stage for non-LIS beneficiaries:	<p>SAY:</p> <ul style="list-style-type: none"> • Yes. • During this stage of the benefit, it is expected that - because of the price of the brand and

		<ul style="list-style-type: none"> generic versions - you will pay 5% of the allowed cost.
Why is the brand-name CANASA RECTAL SUPPOSITORY on the formulary when there is now a generic available?	SAY: <ul style="list-style-type: none"> In this case, the price of the generic version of CANASA RECTAL SUPPOSITORY will likely be similar to the price of the brand version for a minimum of six months, and perhaps longer. There are few manufacturers of the generic version of CANASA RECTAL SUPPOSITORY to drive the price down. Until there are competitors and the price of the generic version goes down, your plan will continue to cover brand-name CANASA RECTAL SUPPOSITORY at the Non-Preferred Drug Tier (Tier 4) cost share in 2019. 	
Why can't I get the generic? Aren't generics less expensive?	SAY: <ul style="list-style-type: none"> When a generic version is first available, it is typically similar in price to the brand version. At this time the generic version, called mesalamine rectal suppository, is not on the formulary. <ul style="list-style-type: none"> You do have the option to request a formulary exception. However, exception requests for non-formulary prescription drugs, if approved, are typically approved for coverage at the highest cost share level. 	
Will my other copays for other prescription drugs be lowered?	SAY: <ul style="list-style-type: none"> No. You will continue to pay the copay/coinsurance for other brand name and generic prescription drugs at the current benefit cost share. 	

<p>Could there be other brand prescription drugs that this applies to?</p>	<p>SAY:</p> <ul style="list-style-type: none"> • In most cases the generic version of a prescription drug is less expensive than the brand name version and is covered at the lower generic copay. • The exception typically applies during the first few years the generic version of a prescription drug is launched.
<p>How long will CANASA RECTAL SUPPOSITORY remain on the formulary on the Non-Preferred Drug Tier (Tier 4)?</p>	<p>SAY:</p> <ul style="list-style-type: none"> • We anticipate that CANASA RECTAL SUPPOSITORY will remain on the formulary on the Non-Preferred Drug Tier (Tier 4) in 2019 until the price of the generic form of CANASA RECTAL SUPPOSITORY drops. • We anticipate it will be a minimum of six months, however that is based on market conditions not within our control and could change.
<p>What should I do if brand CANASA RECTAL SUPPOSITORY is removed from the formulary during the plan year?</p>	<p>SAY:</p> <ul style="list-style-type: none"> • We will provide you with notification if brand CANASA RECTAL SUPPOSITORY is removed from the formulary during the Plan year. • The type of notification depends on whether you are using the prescription drug and whether the change happens during the plan year or at the beginning of the next plan year. <ul style="list-style-type: none"> ◦ If we make this change during the plan year, and you are using CANASA RECTAL SUPPOSITORY, you will receive written notification of the change in your Explanation of Benefits (EOB). ◦ If we make this change at the beginning of the next plan year, the change will be noted in the formulary included as part of

	<ul style="list-style-type: none"> ○ our Annual Notice of Change (ANOC) packet. ○ You should review your plan's formulary carefully. • If brand CANASA RECTAL SUPPOSITORY is removed from the formulary and you want to continue using brand CANASA RECTAL SUPPOSITORY, you will have the option to request a formulary exception. • However, exception requests for non-formulary prescription drugs, if approved, are typically approved for coverage at the highest cost share level.
May I, as the beneficiary, request a coverage determination for the generic product?	<p>SAY:</p> <ul style="list-style-type: none"> • Yes, you as the beneficiary may request a coverage determination for mesalamine rectal suppository. <ul style="list-style-type: none"> ○ However, exception requests for non-formulary prescription drugs, if approved, are typically approved for coverage at the highest cost share level. <p> Refer to the Med D Care - Coverage Determination/Appeal (New or Status Update) document.</p>
Will mesalamine rectal suppository be added to the formulary during the 2019 plan year?	<p>SAY:</p> <ul style="list-style-type: none"> • The addition of the generic to the formulary will be re-evaluated during the year.
Will CANASA RECTAL SUPPOSITORY cost more than mesalamine rectal suppository in any stage of	<p>CCR Process Note: The CCR will review the following information for LIS beneficiaries on the anticipated costs of CANASA RECTAL SUPPOSITORY vs. mesalamine rectal suppository during the mesalamine rectal suppository initial launch period:</p>

the Medicare Part D benefit for LIS beneficiaries?	For LIS 1 & 2 Beneficiaries:	SAY: <ul style="list-style-type: none"> • Maybe. • In the Catastrophic Coverage Stage of the benefit, you will continue to receive CANASA RECTAL SUPPOSITORY at no cost. • If you have not yet reached the Catastrophic Coverage Stage, you might have to pay your brand name copayment for CANASA RECTAL SUPPOSITORY until you reach the Catastrophic Coverage Stage.
	For LIS 3 Beneficiaries:	SAY: <ul style="list-style-type: none"> • No.
	For LIS 4 Beneficiaries:	SAY: <ul style="list-style-type: none"> • Maybe. • If you are in the Initial Coverage Limits Stage (ICL) or the Post-Initial Coverage Limits Stage of the benefit you will continue to pay your current coinsurance for CANASA RECTAL SUPPOSITORY. • If you are in the Catastrophic Coverage Stage, you will continue to pay the LIS brand name copayment for CANASA RECTAL SUPPOSITORY.

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Log Activity

1003 – Plan Design Education

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Resolution Time

Information = immediate

[Top of the Document](#)

Parent SOP

CALL-0048: [Medicare Part D Customer Care Call Center Requirements-CVS Caremark Part D Services, L.L.C.](#)

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EXHIBIT 67

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Casey: Thank you for choosing SilverScript, this is Casey, how can I help you today?

[REDACTED] Yes, this is [REDACTED]. I have some questions about my SilverScript prescription drugs. I went to my GI doctor on Tuesday and they said I was supposed to have gotten forms from SilverScript that I mail in. Well how in the world am I supposed to mail in forms for my prescription drugs when I don't know all that information, just my doctor does? Or do I take it to the doctor for them to fill out?

Casey: Can I have your zip code please, ma'am?

[REDACTED] Yes. [REDACTED]

Casey: And what type of forms are they?

[REDACTED] I don't know, she said I should have gotten forms in with my SilverScript package. And I do have one, CVS Caremark mail service order form.

Casey: Okay, so you're trying to set up your mail order service.

[REDACTED] Yes.

Casey: Well there's no forms you need to mail out. What needs to happen is, your doctor just has to fax in your prescriptions to us. They can fax them in or they can e-cribe them to us.

[REDACTED] Well I think they were gonna try and do that ... today's Friday, Wednesday. Can you check to see if you've got any prescription drugs [crosstalk 00:01:38]?

Casey: Yes ma'am, do you have your member ID number?

[REDACTED] Do you want my SilverScript, or my Medicare?

Casey: Your SilverScript member ID.

[REDACTED] SilverScript. It says ... ID number is [REDACTED].

Casey: Okay ma'am, give me just a moment to pull up your account.

[REDACTED] Okay.

Casey: Ma'am, if you could verify your date of birth for me.

[REDACTED] [REDACTED]

[REDACTED]
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Casey: Thank you for that. Okay. So it looks like we do have an order for Canasa.

[REDACTED] Uh-huh (affirmative).

Casey: On here. Which has a payment exception, so I'd have to get verification from you to process the payment before we can send that out.

[REDACTED] Okay.

Casey: And then we have Omeprazole on file for you. That's the only two medications we have.

[REDACTED] And that's the doctor, that's that one GI doctor, and that's all they were going to send in. So ...

Casey: We have that. Do you need to get that filled?

[REDACTED] Yeah, but I [inaudible 00:03:06], Canasa's a tier four. Can you tell me how much that's gonna cost me, my part?

Casey: Yes ma'am, let me go ahead and put this order in for your Omeprazole and then I can do that for you.

[REDACTED] [inaudible 00:03:31]

Casey: Okay, so I ordered that for you. Now let me check on your [crosstalk 00:03:38].

[REDACTED] What is the, what's the, whatever that was. What's that co-pay?

Casey: The Omeprazole was at no cost to you.

[REDACTED] Oh, really?

Casey: Yes, ma'am.

[REDACTED] Well that might make up for the Canasa.

Casey: The Canasa is very expensive. It says the co-pay amount, \$1711.32.

[REDACTED] For a three month supply, or a one month supply?

Casey: Let me see. It's for a 90 day supply.

[REDACTED]: God, that's terrible, I mean, I'm on Medicare and stuff. I can't afford that but she says there's nothing else ...

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Casey: I was just gonna say, we do have a department that maybe can find a cheaper alternative.

[REDACTED] Okay. Yeah, that'd be great. I can't afford a thousand dollars. That's, what, \$350 a month?

Casey: Yes ma'am. Okay so let me just put you on a brief hold and I'll get you over to that department, so they can see if there's any cheaper alternatives.

[REDACTED] Okay, well, since you're gonna go ahead and do the metha-whatever.

Casey: Yes ma'am, I already put in your order for your other medication.

[REDACTED] Yes, now what do I, and it'll be mailed to me since it's mail order. What about my other drug prescriptions? Like I have Restasis from my eye doctor and I don't go back to them until September. Of course I don't need any right now. And then I have, let's see, what else do I have? I'm sorry. Oh, I have ... Methotrexate from my RA doctor but I don't need any of that right now. So what I do when I do need any is I have my doctor, my RA doctor, fax in a prescription just like my GI doctor did yesterday?

Casey: Yes ma'am, that's correct.

[REDACTED] Okay. Alright, good.

Casey: Okay, so I'm gonna get you over to that other department, okay?

[REDACTED] Okay, thank you.

Automated Voice: You have reached the specialized team. Please hold for the next representative.

Automated Voice: Your call may be monitored or recorded to ensure quality.

Robbie: Thank for for calling the care extension review team, this is Robbie, may I get the plan member's ID number?

Casey: Yes. It is [REDACTED]

Robbie: Okay, and the member's first and last name?

Casey: [REDACTED]

Robbie: And the birthday?

Casey: [REDACTED]

[REDACTED]

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Robbie: Alright, thank you for that. And can I get your ZID?

Casey: [REDACTED]

Robbie: And your first name?

Casey: Casey.

Robbie: Last initial?

Casey: C as in cat.

Robbie: And your site?

Casey: [REDACTED]

Robbie: And your supervisor?

Casey: [Nikiah 00:08:01].

Robbie: Okay, and how can I help today?

Casey: Okay, [REDACTED] is calling about the medication Canasa, Canasa? She's trying to find a cheaper alternative, she can't afford to pay for that medication.

Robbie: Okay. I'll see what I can do to help her out.

Casey: Alright, and what was your name?

Robbie: It's Robbie.

Casey: Robbie, okay. Can I go ahead and bring her over?

Robbie: Sure.

Casey: Thank you.

Robbie: Thank you.

Casey: [REDACTED]?

[REDACTED] Yes.

Casey: Okay, I do have a Robbie on the line, and they're gonna further assist you with trying to find a cheaper alternative, okay?

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[REDACTED] Okay, thank you for helping me.

Casey: Yes ma'am, thank you for calling, you both have a wonderful day.

[REDACTED] Okay, how long, one more question, how long does it take to usually, once you put that order in, for me to get it? When does it ship?

Casey: The Omeprazole? It has to go through processing for two days and then it'll be shipped out to you.

[REDACTED] Okay. Alright. Great, thank you.

Casey: You're welcome.

[REDACTED] Hello?

Robbie: Hi [REDACTED]

[REDACTED] Hello?

Robbie: My name is Robbie, I'm gonna see what I can do to help you out today, okay?

[REDACTED] Okay. Your name is Robbie?

Robbie: Yes ma'am.

[REDACTED] Okay.

Robbie: Give me just a second while I access this file, okay?

[REDACTED] Alright. It's really, your voice is really low. I don't ...

Robbie: Okay, well I'll try to speak louder.

[REDACTED] Okay, alrighty. My grandsons are watching cartoons so I turned that down some, too.

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EXHIBIT 68

This transcript was exported on Apr 23, 2019 - view latest version [here](#).

Rebecca: Good morning, thank you for calling customer care. My name is [Rebecca 00:00:07]. Who do I have the pleasure of speaking with today?

[REDACTED] It's [REDACTED]. I was talking to another lady about 30, 45 minutes ago, and something happened and we got cut-off. But I didn't write her name down. She was helping me.

Rebecca: Okay. Just one moment.

[REDACTED] Can you pull it up and see who I was talking to and transfer me to her?

Rebecca: Well, I can't transfer you to her, but it looks like you were questioning one of the medications that you're taking?

[REDACTED] Yeah, but we've got it straightened out. I mean, I'm gonna have to pay it. One way or the ... If I'm gonna continue on the Canasa, I'm gonna have to pay it. But I'm in a donut hole right now, so once I pay 300 and some more dollars, the medication will go to half price. Right now, it's over \$1700 for a 3-month supply, which people can't afford that!

Rebecca: That's exactly right. I know.

[REDACTED] So she was giving me some numbers to call to get some kind of assistance to help me pay for it. But I mean, I'm gonna get it this first time. I'm gonna give you my charge card number so you can pay it. And then, I can afford \$800-

Rebecca: You're gonna go ahead and do the 30-day supply then for \$364.09, or you want to do the 90-day for \$946?

[REDACTED] I think you're mistaken. It's Canasa, and it's over \$1700. That's what she told me and I said, "Oh!" So she looked it up and it looked like-

Rebecca: Well, I was running a test claim on it.

[REDACTED] Yeah. And she said it looked like, 'cause I was on the phone with her 40 minutes. And she said it looked like when they tried to run the test claimer, it's showing that I've already paid this first \$1700, and I haven't.

Rebecca: Okay. Just bear with me a moment. Let me get back over to that screen. 'Cause I'm seeing a payment exception dated 3/14. So let me go over there and look at that. That's what she's talking about. There's your copay of \$1711.23.

[REDACTED] But see, I've not paid it yet.

Rebecca: Okay. So is that what we want to do? You want to pay that today?

[REDACTED] I guess I have to if I want the medication.

[REDACTED]
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Rebecca: I'm sorry. Yes.

[REDACTED] I hate it. And there's not another medicine. [REDACTED] told me that there was no generic and there's nothing comparable. I've been talking to Silver Script Pharmacies, everything. There's nothing comparable to it, so I have to Canasa.

Rebecca: Okay.

[REDACTED] Or risk the chance of possibly getting cancer down the road.

Rebecca: We don't wanna do that. Okay.

[REDACTED] Nah.

Rebecca: Okay, so let me go back over here. Just bear with me a moment, Hun.

[REDACTED] Okay. That's not a problem. But the next time, when I order it again after three months, it will only be \$800 and some dollars. And that's more affordable.

Rebecca: Right. So are we gonna put this you said on a credit card?

[REDACTED] Yes, ma'am.

Rebecca: Now, is it a MasterCard, Discover, American Express, or Visa?

[REDACTED] It's MasterCard.

Rebecca: Okay. And the card number.

[REDACTED] [REDACTED]

Rebecca: And the expiration date?

[REDACTED] [REDACTED]

Rebecca: Okay, I'm gonna read that card number back to you again. [REDACTED]

[REDACTED] Yes. And the name on the card is [REDACTED]

Rebecca: Okay. All right. Let me go back over here now.

(silence)

Okay, just bear with me a moment.

[REDACTED] Okay.

[REDACTED]
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Rebecca: (silence)

Okay. Just bear with me a moment, Hun.

(silence)

Okay, just bear with me one moment. May I place you on a brief hold for a moment?

Okay.

Rebecca: Thank you.

(silence)

Okay. Thank you for holding.

Okay.

Rebecca: Okay I went in and put in the payment information and everything, but it's showing in dispensing, so you probably have to call back on Monday or Tuesday just to make sure it took your payment. It's in processing right now, so it won't let me apply the payment. But when you call back, I put it in the account as default so it would bill to that card. Just all y'all need to do is call back on Monday or Tuesday to confirm it did. That they processed it on your credit card.

Well, what about the other perscription?

Rebecca: They'll both ship out. They're both in dispensing.

Okay. And I have to call y'all back. Y'all can't call me back and tell me that. Because I hate going through all that automated crap, so y'all can't call me back, somebody and let me know that it went through?

Rebecca: Well, let me do something else over here real quick. Let me look at something else real quick. Bear with me. Because it's showing in process and to ship now. So, it should have accepted my change because it's in dispensing now. And it wouldn't say ship now, it would say ship hold. So everything should be good to go.

Okay. Do you have a confirmation number?

Rebecca: But let me just check something else over here. Hold on. I want to make sure that they're going to notify you it's shipped.

Okay.

Rebecca: So just let me check something.

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[REDACTED] How are you dealing with three dogs?

Speaker 3: I'm ready to take one of 'em back. [inaudible 00:11:46].

[REDACTED] She's a cute little dog [inaudible 00:11:53]. You'll be glad when that person that's taking your attention leaves, too. Won't cha?

Rebecca: Okay.

[REDACTED] Okay.

Rebecca: So, what's it's done. I don't have a confirmation number because it won't assign one while it's in dispensing. I have an order number, but it is showing that when they ship it they'll notify you that they've shipped it and it's on its way. And that will tell you that they put it on there.

[REDACTED] Okay.

Rebecca: They'll give you a call.

[REDACTED] Okay. That'll be good.

Rebecca: No problem. Thank you for calling customer-

[REDACTED] Yeah. I always get calls. I always get calls telling me that it shipped.

Rebecca: Oh, okay. But like I said, we wouldn't know til, because it's in dispensing. But everything's on there like it should be, and it's saying it's to ship now. It's not saying it's on hold, so I-

[REDACTED] Okay. Well, what's my total amount?

Rebecca: Just one second.

[REDACTED] Ma'am?

Rebecca: Just one second, let me get back over there.

[REDACTED] Okay.

Rebecca: Okay, just bear with me a moment. Just bear with me a moment, I'm trying to get back to that screen. It's not wanting me to get there, but we will. Just one moment.

Speaker 3: [inaudible 00:13:42].

[REDACTED] Yeah.

[REDACTED]
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Speaker 3: [inaudible 00:13:43].

Rebecca: It's showing ... What it's processing for is the Canasa Syrup for \$1711.23. And it looks like they were already sending you a bill on the Omeprazole for \$23.22.

[REDACTED] Sending me a bill? What do you mean? In the mail?

Rebecca: With your Omeprazole, they would be sending a bill for the \$23.22.

[REDACTED] So I'm not going to get charged \$23.22 today on my credit card?

Rebecca: No, ma'am.

[REDACTED] I'll just be charged the \$1711.23.

Rebecca: Yes, ma'am.

[REDACTED] Okay.

Rebecca: Is there anything else I can do for you today?

[REDACTED] No, not unless you can get me that Canasa a whole lot cheaper.

Rebecca: Oh, I sure wished I could. I absolutely do.

[REDACTED] Yeah. All right, thank you.

Rebecca: You have a wonderful day and thank you for calling customer care.

[REDACTED] Okay. Bye.

Rebecca: Bye-bye.

[REDACTED] Now, I have this [inaudible 00:14:55].

EXHIBIT 69

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Robbie: Thank you for calling the care extension review team. This is Robbie. May I get the plan member's ID number?

Casey: Yes. It is [REDACTED]

Robbie: Okay, and the member's first and last name.

Casey: [REDACTED]

Robbie: And the birthday.

Casey: [REDACTED]

Robbie: Alright. Thank you for that, and can I get your ZID?

Casey: [REDACTED]

Robbie: And your first name?

Casey: Casey.

Robbie: Last initial?

Casey: C as in cat.

Robbie: And your site?

Casey: [REDACTED]

Robbie: And your supervisor?

Casey: Nikea.

Robbie: Okay, and how can I help today?

Casey: Okay. [REDACTED] is calling about the medication Canasa. She's trying to find a cheaper alternative. She can't afford to pay for that medication.

Robbie: Okay. I'll see what I can do to help her out.

Casey: Alright, and what was your name?

Robbie: It's Robbie.

Casey: Robbie. Okay, can I go ahead and bring her over?

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[REDACTED]
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Robbie: Sure.

Casey: Thank you.

Robbie: Thank you.

Casey: [REDACTED]

[REDACTED]: Yes.

Casey: Okay I do have a Robbie on the line, and they're going to further assist you with trying to find a cheaper alternative, okay?

[REDACTED]: Okay. Thank you for helping me.

Casey: Yes ma'am. Thank you for calling. You both have a wonderful day.

[REDACTED]: Okay, hold on. One more question. How long does it take to usually, once you put that order in, for me to get it? [crosstalk 00:02:05]

Casey: The [inaudible 00:02:07], it'll have to go through processing for two days and then it'll be shipped out to you.

[REDACTED]: Okay. Alright. Great, thank you.

Casey: You're welcome.

Robbie: Hello [REDACTED]. My name is Robbie. I'm gonna see what I can do to help you out today, okay?

[REDACTED]: Okay. Your name is Robbie?

Robbie: Yes ma'am.

[REDACTED]: Okay.

Robbie: Give me just a second while I access this file, okay?

[REDACTED]: Alright. Your voice is really low.

Robbie: Okay, well I'll try to speak louder.

[REDACTED]: Okay, Alrighty. My grandsons are watching cartoons so I turned that down some too.

[REDACTED]
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Robbie: Okay. I'm not really sure what's a alternative to this medication. I can reach out to the clinical department and see if there is a generic for it if you'd like me to do that.

Yeah. Now my doctor, doctor [inaudible 00:03:50], told me there was not a generic form, but I would appreciate you checking to because I can't afford \$350 a month for that medicine.

Robbie: Yeah. I'm not seeing anything that's comparable to this, but when I reach out to the clinical department we'll be speaking to a pharmacist, so they'll be able to give us some ideas, okay?

Okay.

Robbie: And I do apologize. I have to put you on a brief hold while I dial that number, and I need you to stay on the line in case they need to ask you some questions.

I will. I will.

Robbie: Okay.

Automated: You have reached CVS caremark clinical care services. If you have a retail pharmacist requesting a prescription transfer, press one.

Thank you for calling caremark prescription services. All of our customer service representatives are currently busy. Please hold for the next available representative.

All of our representatives are currently assisting other callers. Your call will be answered in the order that it was received.

Thank you for your patience. Please continue to hold and someone will assist you shortly.

Robbie: [redacted]?

Automated: Your command has been entered within the allowed period. You are now being returned to your caller.

Robbie: [redacted]?

Yes?

Automated: Thank you for your patience. Please continue to hold and someone will assist you shortly.

Robbie: I'm on hold, so give me just a second, okay?

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[REDACTED] Excuse me?

Robbie: I said I've been put on hold so give me just a second, okay?

[REDACTED] Okay. That's [inaudible 00:06:40].

Robbie: Okay.

Automated: Thank you for your patience. Please continue to hold and someone will assist you shortly.

Thank you for your patience. Please continue to hold and someone will assist you shortly.

Richard: This is Richard, pharmacy tech. May I help you?

Robbie: Hi. My name is Robbie and I'm calling from the Care Extension Review Team and I have a member on the line that needs to find a cheaper alternative.

Richard: You said your name is Ronnie?

Robbie: Robbie.

Richard: Oh Robbie, okay. You're breaking up a little so I couldn't hear you. Sorry.

Robbie: I apologize.

Richard: No that's alright. I know there's issues. What's the member's ID please?

Robbie: Uh-uh (negative). [REDACTED]

Richard: Thank you. Now verify the member's name and date of birth please.

Robbie: It's [REDACTED] and her date of birth is [REDACTED]

Richard: And is this for the Canasa.

Robbie: Yes sir. She said she can't afford the co-payment and I looked through all my references that I've got and I don't find anything.

Richard: Yeah.

Robbie: I mean it's on the formulary.

Richard: Go ahead and bring her on and I can help. Thank you.

[REDACTED]
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Robbie: Great. Thanks.

[REDACTED]

[REDACTED]: Yes?

Robbie: Hi. I can a pharmacy tech on the line and he's gonna be help to help you.

[REDACTED]: Okay.

Richard: Can you stay on the line Robbie just in case, please?

Robbie: Yes sir.

Richard: Thank you [inaudible 00:09:28]. Hello [REDACTED]. This is Richard, pharmacy technician here CVS and I was informed you called in regards to the Canasa suppositories.

[REDACTED]: Yes.

Richard: Okay, and let me ask you this. Are you able to take a tablet?

[REDACTED]: I guess. I mean I can take tablets. My doctor, [REDACTED], just gave me the [inaudible 00:09:55] years ago.

Richard: Okay. Give me one second.

[REDACTED]: Okay.

Richard: Let me try running a couple. I keep hearing some beeping noises.

[REDACTED]: Yeah, it's probably me. I'm sorry.

Richard: Oh, okay. Let's do [REDACTED]. We do a quick test thing for you real quick here. And do you get through mail service, or a local pharmacy, or...

[REDACTED]: No. I get it through Caremark mail order service.

Richard: Okay. Can I get you to run one please for me Robbie?

[REDACTED]: Now will a tablet be [inaudible 00:11:02] a suppository?

Richard: Give me one second [REDACTED], I'm gonna go ahead and run some test claims. Robbie, are you there?

Robbie: Oh I'm sorry. Yeah, I'm here Richard. I'm sorry.

[REDACTED]

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Richard: It's alright. Can you run one for me please?

Robbie: I sure can. Just spell it for me.

Richard: Actually I got a drug ID to put into the drug ID.

Robbie: That'd be great.

Richard: It's 68382071119 and just do for right now, just try to do I would say 270/490. Just to be on the safe side.

We're doing a test type for you [REDACTED] so just bear with us, okay?

[REDACTED] Okay. That's fine.

Richard: And then after we're done I'm gonna give you the name, but I'm gonna get a pharmacist to go over how this compares to...

[REDACTED] Yeah, and I was just wondering, maybe you can answer this question while she's running that. If it doesn't work and I have to do Canasa how would every other night work? Would it be oka that way ... I mean I can afford over \$1,000 every six months, I just can't afford it every three.

Richard: Yeah. That's something that, when I bring a pharmacist, they will be able to help you with that question as well ma'am. That was-

Robbie: Richard, I come up with a crazy co-pay. I come up with \$447?

[REDACTED] Yeah, no that's not gonna work. Well, my co-pay for Canasa's over \$1,000 for three months.

Richard: Yeah I see where it's for three months was \$951.72.

[REDACTED] The lady at Silversript told me it one 1,000 something.

Richard: Let me try running another one here. 874078, actually, let me just try running something else here for you. Let's see 278490, run the test. She ran the extended release.

[REDACTED] And I guess that's because of the prescription that [REDACTED] gave him for it.

Richard: What I'm gonna do is, yeah, just to make sure, I'm gonna reach out to a pharmacist and see if we have find something for you. Give me one second, okay?

[REDACTED] Thank you.

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Richard: Alright [REDACTED] and Robbie, I appreciate your patience in waiting. I do have a pharmacist on the line. Her name is Lauren and she's gonna help you with some alternatives. All three of you enjoy the rest of your day. Thank you.

[REDACTED] Thank you.

Lauren: Yes. Hello [REDACTED] and Robbie. Hi, this is Lauren and Richard tells me that you were calling today about the Canasa suppositories. That they're very expensive and so we're wanting to find a possible alternative that would be more affordable?

[REDACTED] Yes.

Lauren: Okay. Alright. Let's see here. Now, may I ask, what was the medication prescribed for?

[REDACTED] I had an inflamed colitis years ago, and [REDACTED] my GI, gastro doctor, that's what she prescribed, and she said I have to take one every night for the rest of my life.

Lauren: Oh, okay.

[REDACTED] And I thought, "Well, if there is no alternative, what would it do if I just took one every other night to make the prescription last six months?"

Lauren: Hmm. Yeah, see that I'm not sure other than I'm pretty sure that the symptoms would not be very well controlled. That's the only thing I can think of.

[REDACTED] [inaudible 00:18:13] since I've been taking Canasa I've never had any problems, but now I've been without it for over three weeks.

Lauren: Oh my goodness. Okay.

[REDACTED] Because my prescription ran out and the doctor couldn't get me in to examine me, or she didn't examine me, she listened to my breathing and felt my stomach and that was it. That was just Tuesday, so hush now, I'm on the phone. So, I've already been, like I said, I've been three weeks without it.

Lauren: Yeah. Okay. Let's see here. Okay, I'm just trying to see what other options that might be available for treatment of that. Let's see here.

[REDACTED] [REDACTED] says there are no other option.

Lauren: Oh, okay. Your doctor already said there aren't any other options?

[REDACTED] My doctor said there are no other options, but I asked the gentleman on the phone [inaudible 00:19:38] if he would check anyway, just to see.

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Lauren: Yeah. Yeah, there's another medicine that's called Hydrocortisone that comes in a couple of different dosage forms. I'm just trying to see though if it's okay for long term use, like you indicated. Let's see here. Yeah, because the Hydrocortisone is only recommended for up to three weeks at a time, and then to slowly discontinue it and then it would just be a cycle of using it, coming off of it, and then being off of it for a while. So, it's not as consistent of a treatment as the Canasa.

[REDACTED] Yeah.

Lauren: Yeah, and then it sounds like the oral medication wouldn't be an option either.

[REDACTED] Mm-hmm (affirmative).

Lauren: Let's see here. Let's see what other ... that one, no. It's not. Let's see here. Yeah, unfortunately I'm not seeing any appropriate alternatives either.

[REDACTED] Yeah.

Lauren: So, yeah sorry [crosstalk 00:21:12].

[REDACTED] Well, I'm gonna call my doctor back and see what she says about every other night or if she says maybe every third night or something like that, and instead of taking seven a night for a week, take five ... I mean not seven a night, but take them for seven straight nights, or maybe let's see what she'd say about five, because that makes my medicine over \$350 a month. I'm on Medicare.

Lauren: Yeah.

[REDACTED] I can't afford it.

Lauren: Yeah. Okay, yeah, I'm sorry about that, but yeah I guess that would be the next step. Yeah, see if the doctor can work out some alternate dosing with you. That might be the thing to do since-

[REDACTED] Yeah [inaudible 00:22:05]. Yeah she said there was no other alternative, but I just wanted to check to make sure. So now, I'll just call back because she said on the prescription that I'll have to pay 1,000 plus up front before they'll mail it to me.

Lauren: Oh god.

[REDACTED] So I need to try and see if I can't make this medicine last a little longer.

Lauren: Yeah, okay.

[REDACTED] Than every three months.

[REDACTED]

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Lauren: I see. Okay.

[REDACTED] I don't know how the expect people that's on Medicare and Social Security to be able to afford that. I don't know.

Lauren: Yeah. I see the price on it and it's very high so I'm not sure either. What I'm wondering though is customer care, Robbie, would the price go down at a certain point, or is it gonna be this high for the rest of the year.

Robbie: Let me see. She's in initial drug spend. I was looking into alternative medications. I don't even know, if we ask for a tier exception, if she could get it because there's nothing in that class to compare it to.

Lauren: Oh wow.

[REDACTED] Yeah, it's a tier four drug and they told me it was gonna be expensive and I told the doctor. They told me they could see if the doctor could prescribe something else. Well, she told me Tuesday night, she said there is no other alternative. What I think I'll do is just go back and see if I can skip a night once a week or once every three or four days or something.

Lauren: Yeah, okay.

Robbie: I don't know whether [inaudible 00:24:03] medication.

Lauren: No, it's been around for a few years.

Robbie: Okay.

Lauren: Yeah.

[REDACTED] Yeah I've been on it for, oh my lord, 10, 15 years, but when I was with United Healthcare I only had to pay \$150 every three months. Now I gotta pay over \$1,000 every three months.

Robbie: Yeah, because it's showing that the cost of this medication is \$3,970, so the plan is paying.

[REDACTED] Yeah. So, that's what Silverscripts is just gonna charge me a little over \$1,000 then. That's what you're telling me, right? Because it is a \$3,000 prescription.

Robbie: Yes ma'am.

[REDACTED] But the \$1,000 does cover three months, right?

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Robbie: Yes ma'am.

[REDACTED] Okay. Alright. Well, I'll talk to my doctor and then I'll call Silverscripts back and tell them to order it or whatever [REDACTED] says I have to do.

Robbie: Okay, well did you want me to run a test claim for just for thirty days?

[REDACTED] A test claim?

Robbie: Yeah it'll give us an average of what the co-pay would be.

[REDACTED] Okay.

Robbie: For thirty days?

[REDACTED] Yeah. [inaudible 00:25:32] for thirty days since I've been out this three weeks over. You just run it and tell me what it's gonna be.

Robbie: Yeah, it would just be an average. It's showing \$369.

[REDACTED] Yeah, no. No. I'd rather do the three months. I know it's cheaper with three months, a little bit cheaper so we'll just ... I'll call [REDACTED] and talk to her and then I'll call back Silverscripts and order whatever I decide to do. Because I know I have to take it because she said it could develop into cancer if I didn't take it. Is that correct?

Robbie: Yeah.

[REDACTED] Okay. Alrighty. Thank y'all for your help.

Robbie: Alright, well you have a great rest of your day.

[REDACTED] Thank you, you too. Bye.

Lauren: Take care. Bye, bye.

Robbie: Thank you.

[REDACTED] Bye, bye.

[REDACTED]
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EXHIBIT 70

Peoplesafe

Page 1 of 1

CAREMARK **PeopleSafe®** Close

Eligibility Maintenance Participant Inquiry Resolution Manager Medicare Inquiry View Opportunities Tools: -- Select A Tool --

Client: [REDACTED] - SILVERSRIPT-INDIV-ENROLL System: RXCLAIM

External ID: [REDACTED] Name: [REDACTED] Gender: F Relationship: MEMBER ID: [REDACTED] 954 Effective: 03-01-2019 Expiration: 12-31-2039

Male Screen View Activity Prescription History Test Claim Plan Benefit Override Account Balance Explanation of Benefits Transaction History Communication History Caremark.com

Pharmacy Network Retail Transaction Plan Summary FSA/HSA/HRA History Coordination of Benefits Order Placement Adjustments Client Managed G & A View Triggers

Prescription for: [REDACTED] MEMBER Delivery System: MAIL ORDER Dispense As Written: 0 - NO DAW
 Prescription Number: [REDACTED] Pharmacy NPI: [REDACTED] Drug Price Type: AVERAGE WHOLESALE PRICE
 Drug NDC: 58914050156 Pharmacy NCPDP: [REDACTED] Drug Price Source: MEDISPAN
 Drug Name: CANASA Pharmacy Name: CAREMARK PRESCRIPTION SRVC WEB Client Claim Price Type:
 Pharmacy Claim Price Type:

Participant Pay Participant Copy: 1711.23 Initial Copy: 1711.23 Gap Copy: 0.00 Catastrophic Copy: 0.00 Network Penalty: 0.00 Deductible: 0.00 MAC / DAW Penalty: 0.00 Non Formulary Penalty: 0.00 After MAB: 0.00 - FSA Contribution Amount: 0.00 - HRA Contribution Amount: 0.00 - COB Non Covered Amt: 0.00 ===== Participant Cost: 1711.23	Client Pay Usual and Customary: Cost Submitted: 3978.74 Cost Allowed: 3492.32 Other Payer Recognized: 0.00 Dispensing Fee: 0.00 Level Of Effort Fee: 0.00 Administration Fee: 0.00 Performance / Service Fee: 0.00 Sales Tax: 0.00 PRX Fee Amount: 0.00 Client Billed Cost: 0.00 Total Client Cost: 1781.09	Pharmacy Pay: Usual and Customary: Cost Allowed: 3492.32 Other Payer Recognized: 0.00 Dispensing Fee: 0.00 Level Of Effort Fee: 0.00 Administration Fee: 0.00 Performance / Service Fee: 0.00 Sales Tax: 0.00 PDP Service Fee: 0.00 Other Amount Paid: 0.00 Total Pharmacy Reimbursement: 1781.09
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Health Reimbursement Account: Benefits: 0.00 Member Access Fee: Amount Used: 0.00 HRA/Rolling Balance: 0.00	Miscellaneous Applied To Out of Pocket: 0.00 Applied To TROOP: 0.00 Applied To OOPM/MOOP: 0.00 Paid by Other Insurance: 0.00 Alternate Amount Paid: 0.00 Previous Amount Paid: 0.00 In Network Accumulation: 0.00 Out of Network Accumulation: 0.00
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Med D Financials: LICIS Paid by Plan: 0.00 SPAP/Integrator Paid Amt: 0.00 Reported Gap Discount: 0.00 Deductible Gross Cost: 0.00 Deductible Plan Pay: 0.00 Initial Gross Cost: 3492.32 Initial Plan Pay: 1781.09 Gap Gross Cost: 0.00 Gap Plan Pay: 0.00 Catastrophic Gross Cost: 0.00 Catastrophic Plan Pay: 0.00	View Settlement Codes View Comments Back
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EXHIBIT 71

This transcript was exported on Apr 23, 2019 - view latest version [here](#).

Speaker 1: Good afternoon. Thank you for calling customer care. Who am I speaking with today?

[REDACTED] Hi, my name is [REDACTED]

Speaker 1: And what can I assist you with?

[REDACTED] My doctor ... back on March 11th I had to have a colonoscopy, and she wanted me to have a medication, it's a Canasa suppository. And the expense, my copay would have been around \$800.

Speaker 1: Wow.

[REDACTED] The only thing that they can do that's different is one where you have to use an enema. I'm a paraplegic. I'm unable to do that myself. And so, at first, I just didn't get it filled because I couldn't afford it. Is there any exceptions that can be made, or anything else? I know I've got another medication where they changed the tier for it based on medical necessity.

Speaker 1: Yeah. What's the name of the medication?

[REDACTED] Canasa. She's doing a ... it's C-A-N-A-S-A. Canasa suppository.

Speaker 1: Okay. Let me take a look here.

[REDACTED] Thank you. And I need to ... the reason why I'm calling and asking you is, she had ordered the one, I did not pick it up, so she's going to reorder it again, and I ... so I'm calling you to find out. I don't want to mess up what was there on March 11th, and what she might be calling in today.

Speaker 1: I totally understand. Let's take a look here.

[REDACTED] Thanks.

Speaker 1: I'm just trying to see what was rejected on the 11th so I can go from there.

[REDACTED] Oh good, thank you.

Speaker 1: So they ... yeah, they were Mesalamine, is what it was. Let me see here. Okay. And it says dispense brand. Okay. Let me see what's going on. Bear with me here.

[REDACTED] Sure. No, I appreciate it.

Speaker 1: 'Cause if we can get you the brand at a tier two ... okay. Sorry, I'm just talking out loud. Bear with me.

[REDACTED]
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[REDACTED]: No, please. I appreciate anything you can do.

Speaker 1: Yeah, we'll see what we can do for you here. Oh, I forgot to look at the scrip. Is it one a day?

[REDACTED]: She had written down here, she said daily times eight weeks.

Speaker 1: Okay. And you're going to do these in the local pharmacy, correct?

[REDACTED]: Yeah. Walgreens, my primary. Or I can go wherever you need me to go. I can ... well she's going to send it over to Walgreens, which is my main pharmacy.

Speaker 1: Gotcha. Yeah, I'm showing the same thing. Please keep in mind, prices quoted are just estimates, may not reflect the actual out of pocket costs. It's showing 587.18 just for a 30 day supply. Let me see if I have anything alternative that is cheaper, okay?

[REDACTED]: Okay.

Speaker 1: Because I know it says to give the name brand, but if we're able to do the generic, that's gonna probably save you quite a bit, 'cause that's a tier two medication. Whereas the Canasa is a tier four, so you're paying a percentage where the tier two is an actual straight copay. So bear with me here. I'm trying to see what we can do for you.

[REDACTED]: Okay. The Canasa you said's a tier two?

Speaker 1: No, that's a tier four.

[REDACTED]: Oh, tier four. Okay.

Speaker 1: Yeah, that's why it's so high. Because you're paying a percentage of the medication. That was just for a 30 day supply that I quoted. Just trying to see if we can get you the Mesalamine instead.

[REDACTED]: Okay.

Speaker 1: Yeah, see the Mesalamine's ... it's still going to be kind of high. That's the thing. Yeah, it's still showing 453.82. Again, prices quoted are estimates, may not reflect actual out of pocket cost. If you don't mind, [REDACTED] I'm gonna put you on a brief hold. I want to speak to my clinical department. I want to speak to a pharmacist, see if there's anything we can do.

[REDACTED]: Thank you so much.

[REDACTED]
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Speaker 1: See if there's an alternative. And if there's not, then we can see if we can get your tier exception. Okay?

[REDACTED] I would appreciate it so much. Yeah, 'cause I'm a paraplegic, and I had a lot of medical things. So it would be helpful to me so much. [crosstalk 00:04:38].

Speaker 1: Absolutely. Alright, [REDACTED] I have your number as [REDACTED]. If for some reason we get disconnected, can I call you back at that number?

[REDACTED] Yeah. What's your name, by the way?

Speaker 1: [REDACTED]

[REDACTED] Okay, good name.

Speaker 1: Yeah. So the reason I say that is because if we get disconnected, you try to call back, you have to go through the whole automated system. You're going to get somebody else, have to repeat everything. I don't want you to have to go through that.

[REDACTED] I understand.

Speaker 1: So if for some reason we get disconnected, just give it a minute and let me call you back, okay? We probably won't, but just in case.

[REDACTED] Got it, thanks.

Speaker 1: So I'm gonna put you on a brief hold and bring them on the line, okay?

[REDACTED]: Great, thanks [REDACTED].

Speaker 1: You're welcome. I'll be right back, sir.

Speaker 1: ...

Speaker 1: All right, [REDACTED]

[REDACTED] I'm here.

Speaker 1: Thanks for holding. I apologize for the wait. I appreciate your patience. I'm still waiting on them to answer, but I wanted to at least touch back with you and let you know I'm still here, okay? May I put you back on a brief hold?

[REDACTED] Definitely, thanks.

Speaker 1: Thank you sir.

[REDACTED]
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Speaker 1: ...

Speaker 1: All right, [REDACTED]?

[REDACTED]: I'm here.

Speaker 1: Hi. Thanks for holding again. I apologize for the wait. I appreciate your patience. Still waiting on pharmacy to pick up. And again, I apologize for the wait. I was doing a little research while I was waiting for them to answer. There's a discount program at Canasa.com where it says ... let me pull it back up here. It says there's a savings card that may help eligible patients pay as little as \$10 per prescription. Says it is valid for patients 18 and older, and good for use only with a valid prescription for the 1000 milligram suppositories. That's all I can see, because our sites are blocked. I could see like basically generic information. It's Canasa.com. That's if we can't find any alternative, but I wanted to let you know, I did find that. I'm not sure how to qualify or anything like that, and that'd be something to look at their website. But just trying to look at other options while I'm waiting for them to answer.

[REDACTED]: Okay, I'm going to look at it while I'm on hold. But yeah [crosstalk 00:12:08].

Speaker 1: Sure. So yeah, it's Canasa.com, and I think it says ... it says patient savings or something. I can't pull up the actual website because it's blocked for me. But it is up there. So yeah, if you want to look at that. And again, may I put you on a brief hold so I can speak to clinical?

[REDACTED]: Of course.

Speaker 1: Okay. Thank you.

Speaker 1: ...

Speaker 1: Hi, [REDACTED]?

[REDACTED]: I'm here, yeah.

Speaker 1: Thanks for holding. I apologize for the wait. Appreciate your patience. I'm still waiting on them to answer. They are quite busy. Again, I really apologize. I did find a few others too, if you wanted to look 'em up.

[REDACTED]: Yeah, the one you gave me, it's not eligible for Medicare, which is what I'm on, so ...

Speaker 1: Oh, no. Okay. Yeah, I didn't know.

[REDACTED]: That's okay.

[REDACTED]
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Speaker 1: I know there's another one called PrescriptionHope.com. And of course, none of these, you're probably gonna be eligible through Medicare as well. You know what I mean? I don't know. But then there's the GoodRx.com. I don't know if you've heard of that.

[REDACTED]: So what are you saying, like doing it without insurance? Is that what you're ...

Speaker 1: Yeah. So this would be using it without Medicare, just to see if you're able to get it any cheaper. That's in case we have no alternatives, or in case we can't get a tier exception. I'm just trying to give you some alternatives.

[REDACTED]: Okay.

Speaker 1: It doesn't mean we can't still do those, but you know, while we're waiting, I just wanted ... if you wanted to look those up.

[REDACTED]: Sure, I'll take a look.

Speaker 1: And also, have you tried to apply for extra help through Social Security, to help pay your prescription costs?

[REDACTED]: Yeah. I've never had any luck at getting any.

Speaker 1: Okay.

[REDACTED]: Because I'm not on Medicaid, so I'd still ... I'm at that spot where I'm not bad enough, but, so ...

Speaker 1: Gotcha. Okay. That's horrible. Okay.

[REDACTED]: And being a paraplegic, I'm disabled too, but at the same time I still own my home, so I don't qualify for any of the ...

Speaker 1: Oh yeah, 'cause it's based on assets, and yeah, I got you. Understood. So yeah, try Prescription Hope and Good Rx if you don't mind. Real quick, I'm just gonna put you back on a brief hold, see if I can get them to answer, okay?

[REDACTED]: Okay.

Speaker 1: Thanks.

Speaker 1: ...

Speaker 1: Hi, [REDACTED]?

[REDACTED]: I'm here.

[REDACTED]
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Speaker 1: All right, thanks for holding. I apologize for the wait. I'm still waiting on our pharmacist to answer. Again, I'm so sorry for the wait. Their calls are backed up a little bit. So if you could be patient with me. I don't mind waiting if you do.

[REDACTED]: I appreciate your help, so go ahead.

Speaker 1: No problem. Perfect. Were you able to look at any of those other sites and see if there was anything?

[REDACTED]: I've got one, the Prescription Hope, I'm filling in ... I've got to sign up for it first, and then doing that. Sometimes it's stuff I've done before where I just end up on a ... I get a bunch of emails and promotions, but it doesn't really do anything. But I'm staying hopeful.

Speaker 1: Yeah, let's hope. Hopefully we can find an alternative that's cheaper, or at least get it covered under a different tier. So that's what we need to know first. And if not, at least you may have some alternative. But again, may I put you back on a brief hold to wait for them?

[REDACTED]: Sure, thanks [REDACTED]

Speaker 1: Thank you, [REDACTED]

Speaker 1: ...

Speaker 1: Hi, [REDACTED]?

[REDACTED]: Yeah, I'm here.

Speaker 1: Okay. Thanks for holding. I apologize for the wait, appreciate your patience, took awhile. So I got a pharmacy technician on the line. They looked, and they did not find any alternatives in the same class, okay? So you have the option of either, we can transfer it to an actual pharmacist itself, and see if they can find anything. Of course, reach out, back out to your doctor, or request a tier exception.

[REDACTED]: Okay. Yes, do I request a tier exception through you guys, or ...

Speaker 1: Through us, yes.

[REDACTED]: Yeah. Yeah, if I could do that, 'cause I tried that other one that you ... it would be \$50 a prescription, and there's no guarantee, and it takes six to eight weeks.

Speaker 1: Oh, wow.

[REDACTED]: I have to have this right now.

[REDACTED]
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Speaker 1: Right. Okay. So I think your best bet is probably ... like I said, a pharmacy tech couldn't find anything. So you want to just go ahead and do the tier exception?

[REDACTED]: Yeah. How long does it take to find out?

Speaker 1: Usually it only takes about a day or two. I have a dedicated team.

[REDACTED]: Great, let's do it.

Speaker 1: So let me put you on a brief hold. Let me go ahead and let the pharmacy tech go, okay?

[REDACTED]: Thanks [REDACTED]

Speaker 1: You're welcome. I'll be right back with you.

Speaker 1: ...

Speaker 1: All right, [REDACTED] Thanks for holding again. One moment, I'm gonna update everything on your account real quick, okay?

[REDACTED]: Okay, thank you.

Speaker 1: I apologize it took so long just to get an answer that we didn't like. But at least they had to look. It probably did ... just took a little while.

[REDACTED]: Yeah. Who decides on the tier exception? How does that work?

Speaker 1: So what they do is they just ask you some information, they send the information over to your physician, your physician answers it, and they send it back. They're going to ask a diagnosis, and why you need it, things like that. Let 'em know the reason, you need the medication but the cost is too high, and then it's just determined from there. The quicker your doctor can reply to it, the quicker we can get it approved.

[REDACTED]: Okay.

Speaker 1: Okay. So once we do this and send it over, probably be a good idea ... probably a little late today ... Oh actually, no. You're only at 3:00 there. So if they're able to get it over to your doctor today, and if he can reply today, that's going to be quicker. If not, he'll probably get it ... or, he or she will get it first thing in the morning.

[REDACTED]: Okay. They'll send it to the doctor's office, or ...

[REDACTED]
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Speaker 1: I'm sorry. Yeah, yeah. They're going to reach out to the doctor's office and send that information over. However, I have a dedicated team I have to transfer you to. But I'm going to let them know that what you're asking for is a tier exception request for the Canasa, okay? So when they receive the call, they're gonna know exactly what it's about. They're going to say, okay ... they're going to ask the same thing. Do you want any alternatives? That's when you say, "Look, I just spoke to [REDACTED] we spoke to clinical," they'll see all the notes. "There is no alternatives. This is the medicine I need as soon as possible," okay?

[REDACTED]: Okay, thanks [REDACTED]

Speaker 1: Yeah, no problem. And again, I apologize it took so long. Let me put all these notes in here so when they get the call, they already know what's going on, okay? So you don't have to try to re ... they may question a little bit here and there, and ask you about alternatives. But you can let 'em know, if you review the notes, we've already did that, okay? That eliminates that step. Because they're going to do the same thing. They're going to try to find you something. But if you let them know we already did it, then it's going to just be quicker for you, okay?

[REDACTED]: Okay, thanks.

Speaker 1: All right. And before I get that over there, [REDACTED] to the tier exception review team for the Canasa tier exception requests, is there anything else I can assist you with today?

[REDACTED]: No. That's all I need.

Speaker 1: Okay.

[REDACTED]: Thanks.

Speaker 1: You're welcome. Give me just one moment here. And I'm going to get you right over. You enjoy the rest of your day, it was good talking with you, and thanks for calling today, okay?

[REDACTED]: Thanks. Thanks [REDACTED]

Speaker 1: You're welcome, sir. Here we go. I'm gonna go ahead and transfer you right now.

[REDACTED]: Okay.

EXHIBIT 72

PeopleSafe

Signify Maintenance | Participant Inquiry | Enrollment Manager | Medicare D Inquiry | [View Opportunities](#) | Tools: -- Select A Tool --

Client: [REDACTED] SILVERSCRIPT-INDIV-ENROLL System: RXCLAIM

External ID: [REDACTED] Name: [REDACTED] Gndr: M Relationship: MEMBER Born: [REDACTED] 957 Effective: 01-01-2017 Expiration: 12-31-2039

[Plan Screen](#) | [View Activity](#) | [Prescription History](#) | [Test Claim](#) | [Plan Benefits Overview](#) | [Account Balance](#) | [Explanation of Benefits](#) | [Transaction History](#) | [Communication History](#) | [Caremark.com](#)

[Pharmacy Network](#) | [Retail Transaction](#) | [Plan Summary](#) | [PSA/HSA/HRA History](#) | [Coordination of Benefits](#) | [Order Placement](#) | [Adjustments](#) | [Client Managed G.B.A.](#) | [View Triggers](#)

Prescription for: [REDACTED] **CLAIM INFORMATION ONLY**

Origin: 3 - Electronic Received: 03-21-2019 Kit Type: [REDACTED]
 Number-Partial / Fill: [REDACTED] Filled: 03-21-2019 Kit Copy Bypass: [REDACTED]
 Claim / Sequence: [REDACTED] Controlled Substance: NOT APPLICABLE Compound: N - NO
 Override Type/Id: [REDACTED] Status: [Plat 03-21-2019 06:16:05 PM](#)
 Multiple PA's: [REDACTED]

Drug

Dispensed Drug: CANASA-1000MG Prescribed Quantity: [REDACTED] Unit Per Dose: [REDACTED]
 Dispensed ID: [REDACTED] Dispensed Day Supply: 30 Dose Per Day: [REDACTED]
 Prescriber Name: [REDACTED] Dispensed Quantity: 30.000 Drug Type: BRAND
 Pharmacy Name: CVS PHARMACY [REDACTED] Covered Day Supply: [REDACTED] Dispense as Written: 1 - PHYSICIAN DAW
 Ingredient Name: [REDACTED] Covered Quantity: [REDACTED] GPI: 52500030005240
 Formulary Preference: Non Preferred Formulary Tier: 4

Reject Codes	Reject Description	Settlement Codes	Settlement Description
		10500	DISCUSS GNRC SAVINGS OPPORTUNITY W/MBR COB DATA FROM MEDICIN LINKAGE TABLE

General [Show](#)

Medicare Part D [Show](#)

[View Financials](#) | [View Comments](#) | [View Transmission](#) | [View Drug Limitations](#) | [Populate Test Claim](#) | [Available Overrides](#)

EXHIBIT 73

Template Instructions:

Use the "Find and Replace" function to replace the following variable fields in the document with the applicable values:

Variable Field Name	Description	Example(s)	Number of Replacements
ADVAIR DISKUS	Brand name of drug, all caps	ESTRACE, ISTALOL	5
INHALATION AEROSOL POWDER BREATH ACTIVATED	Strength and dosage form, all caps	1% GEL	4
ADVAIR DISKUS	Brand name of the drug to include strength (if applicable) and dosage form, all caps	ESTRACE 0.1% CREAM	33
<DOCUMENT_NUMBER>	Document name/number specific to the script; assigned by CARE	Y0080_72110_SCR_2018	1
<TREATMENT>	Description of the common use(s) for the drug	For ISTALOL: elevated pressure in the eye	1
fluticasone-salmeterol aerosol powder breath activated	Generic of the drug to include strength (if applicable) and dosage form, all lowercase	timolol maleate 0.5% ophthalmic solution	17
using	How the member is utilizing the drug. "using" is more appropriate for topical or inhalation		5

	applications, "taking" for oral		
Preferred Brand Tier		Preferred Generic Tier, Generic Tier, Preferred Brand Tier, Preferred Brand Tier, Specialty Tier	11
Tier 3		Tier 1, 2, or 3	15

MED D - ADVAIR DISKUS® INHALATION AEROSOL POWDER BREATH ACTIVATED Generic Not Available for SilverScript Choice, Plus, and Allure (PDP) Plans Until Further Notice <Document_Number>

[Overview](#)

[Background](#)

[Rationale](#)

[What does this mean for the beneficiary?](#)

[Effects of this Strategy on Beneficiaries](#)

[FAQs](#)

[Log Activity](#)




[Resolution Time](#)

[Parent SOP](#)

Grievance Standard Verbiage:

Grievance Standard Verbiage (for use in Discussion with Beneficiary) section in [MED D Care - Grievances in PeopleSafe and MedHOK](#)

Legend:

Icon	Explanation
	Updates to information. The icon should be followed by the date of update. Note: Only the last update will be identified.
	Indicates Important or Urgent information
	Indicates a Talk Track

Overview

ADVAIR DISKUS® INHALATION AEROSOL POWDER BREATH ACTIVATED is a branded prescription drug commonly used for the treatment of <TREATMENT>. This prescription drug was recently launched in its generic form, fluticasone-salmeterol aerosol powder breath activated . The generic form of ADVAIR DISKUS is not available on SilverScript Choice, Plus, or Allure (PDP) plans until further notice.

ADVAIR DISKUS will be MAINTAINED on the Preferred Brand Tier (Tier Tier 3) in 2019 on the formularies for SilverScript Choice, Plus, and Allure beneficiaries. The generic, fluticasone-salmeterol aerosol powder breath activated , will **NOT** be added to the formularies.

This applies only to SilverScript Choice, Plus, and Allure beneficiaries in 2019.

[Top of the Document](#)

Background

Generic prescription drugs are typically the lowest-cost option when compared to branded prescription drugs. SilverScript **promotes the use of generic prescription drugs** to help plan beneficiaries save money.

- During the initial launch phase for the generic, there will be few manufacturers marketing the generic and the cost of the generic is expected to be relatively high.
- To help keep out-of-pocket costs low, SilverScript is retaining brand ADVAIR DISKUS® INHALATION AEROSOL POWDER BREATH ACTIVATED on its formulary on Preferred Brand Tier (Tier Tier 3). ADVAIR DISKUS is eligible for a manufacturer discount in the coverage gap.
- SilverScript will continue to keep the brand version of ADVAIR DISKUS on the formulary and will **NOT** be adding the generic version until further notice.

Network Pharmacies were also informed of this update.

NOTE: SilverScript Employer PDP Plans are being handled differently.

- **SilverScript Choice, Plus, and Allure Plans**

The generic version of ADVAIR DISKUS (fluticasone-salmeterol aerosol powder breath activated) will **NOT** be added to the SilverScript formularies for SilverScript Choice, Plus, and Allure plans in 2019.

- **SilverScript Employer PDP Plans**

Employer PDP Plans have added the generic (fluticasone-salmeterol aerosol powder breath activated) to their formulary for 2019. Some plans will continue cover the brand in 2019.

[Top of the Document](#)

Rationale

The goal of this document is to prepare the MED D Customer Care Representative (CCR) for potential inbound questions from the beneficiary regarding the availability of fluticasone-salmeterol aerosol powder breath activated and the non-covered status for this prescription drug on SilverScript Plans.

[Top of the Document](#)

What does this mean for the beneficiary?

Retaining brand ADVAIR DISKUS on Preferred Brand Tier (Tier Tier 3) can help keep out-of-pocket costs low for SilverScript beneficiaries.

NOTE: The generic equivalent fluticasone-salmeterol aerosol powder breath activated is **NOT** be on the formulary until further notice.

- Beneficiaries have the option to request an exception if they wish to obtain fluticasone-salmeterol aerosol powder breath activated .
 - However, exception requests for non-formulary prescription drugs, if approved, are typically approved for coverage at the highest cost share level.

- Brand ADVAIR DISKUS is available at the Preferred Brand Tier (Tier Tier 3) copay/coinsurance, so if the request for the generic is granted, the beneficiary would pay the amount associated with the plan's exception tier. This may be a different cost than the brand.

[Top of the Document](#)

Effects of this Strategy on Beneficiaries

- Beneficiaries will continue to receive the brand ADVAIR DISKUS at the Preferred Brand Tier (Tier Tier 3) cost share.
- The CCR may receive calls from MED D beneficiaries who are confused about the lack of generic version availability of the prescription drug. Refer to the [FAQs](#) section of this document for appropriate responses.

[Top of the Document](#)

FAQs

The frequently asked questions below will assist the CCR when addressing incoming calls regarding ADVAIR DISKUS.


NOTE: These specifics apply to non-LIS beneficiaries. See specific Q&A at end of this FAQ section for information specific to LIS beneficiaries.

Question	Answer	
Will ADVAIR DISKUS cost more than fluticasone-salmeterol aerosol powder breath activated in any stage of the Medicare D benefit for non-LIS beneficiaries?	SAY: <ul style="list-style-type: none">This will vary based on your Plan and which Medicare Part D coverage stage you currently are in (e.g., Deductible, Initial Coverage Limits, Coverage Gap or Catastrophic). CCR Process Note: The CCR will review the following grid for information on the anticipated costs of ADVAIR DISKUS vs. fluticasone-salmeterol aerosol powder breath activated during the fluticasone-salmeterol aerosol powder breath activated initial launch period:	
	Deductible Stage for non-LIS beneficiaries:	SilverScript Choice , Plus, and Allure beneficiaries: <ul style="list-style-type: none">In 2019, no deductible except for Choice Plan beneficiaries who will have a \$100 annual deductible for drugs in Tiers 3 to 5 for beneficiaries residing in Colorado, Georgia, or Texas; Choice beneficiaries residing in Arizona, South Carolina, or Alaska will have a \$Tier 315 deductible for drugs in Tiers 3 to 5. SilverScript Plus and Allure Plans are not available in Alaska. Move to response below in Initial Coverage Limits Stage.
	Initial Coverage Limits (ICL) Stage for non-LIS beneficiaries:	SAY: <ul style="list-style-type: none">Maybe.You will continue to pay your current Preferred Brand Tier (Tier Tier 3) cost share during the Initial Coverage Limits stage for brand ADVAIR

		<p>DISKUS.</p> <ul style="list-style-type: none"> Mr. /Mrs. <Beneficiary>, your cost share for brand ADVAIR DISKUS will be <\$X.XX>. <p>Move to response below in Coverage Gap Stage.</p>
	Coverage Gap Stage for non-LIS beneficiaries:	<p>SAY:</p> <ul style="list-style-type: none"> No. The Coverage Gap Stage (also called the donut hole) is where you will receive significant savings on brand ADVAIR DISKUS. The brand name is less expensive than the generic version because of the manufacturer discount on brand name prescription drugs. In 2019, your cost share in the Coverage Gap Stage is 25% of the price of brand ADVAIR DISKUS. If the generic were included at this time on the formulary, your cost share would be 37%. <p>Move to response below in Catastrophic Coverage Stage.</p>
	Catastrophic Stage for non-LIS beneficiaries:	<p>SAY:</p> <ul style="list-style-type: none"> Yes. During this stage of the benefit, it is expected that - because of the price of the brand and generic versions - you will pay 5% of the allowed cost.
Why is the brand-name	SAY:	

ADVAIR DISKUS on the formulary when there is now a generic available?	<ul style="list-style-type: none"> • In this case, the price of the generic version of ADVAIR DISKUS will likely be similar to the price of the brand version for a minimum of six months, and perhaps longer. • There are few manufacturers of the generic version of ADVAIR DISKUS to drive the price down. • Until there are competitors and the price of the generic version goes down, your plan will continue to cover brand-name ADVAIR DISKUS at the Preferred Brand Tier (Tier Tier 3) cost share in 2019.
Why can't I get the generic? Aren't generics less expensive?	<p>SAY:</p> <ul style="list-style-type: none"> • When a generic version is first available, it is typically similar in price to the brand version. • At this time the generic version, called fluticasone-salmeterol aerosol powder breath activated , is not on the formulary. <ul style="list-style-type: none"> ◦ You do have the option to request a formulary exception. ◦ However, exception requests for non-formulary prescription drugs, if approved, are typically approved for coverage at the highest cost share level.
Will my other copays for other prescription drugs be lowered?	<p>SAY:</p> <ul style="list-style-type: none"> • No. • You will continue to pay the copay/coinsurance for other brand name and generic prescription drugs at the current benefit cost share.
Could there be other brand prescription drugs that this applies to?	<p>SAY:</p> <ul style="list-style-type: none"> • In most cases the generic version of a prescription drug is less expensive than the brand name version and is covered at the lower generic copay. • The exception typically applies during the first few years the generic version of a prescription drug is launched.
How long will ADVAIR DISKUS remain on the	<p>SAY:</p> <ul style="list-style-type: none"> • We anticipate that ADVAIR DISKUS will remain on the formulary on the

formulary on the Preferred Brand Tier (Tier Tier 3)?	<p>Preferred Brand Tier (Tier Tier 3) in 2019 until the price of the generic form of ADVAIR DISKUS drops.</p> <ul style="list-style-type: none"> • We anticipate it will be a minimum of six months, however that is based on market conditions not within our control and could change.
What should I do if brand ADVAIR DISKUS is removed from the formulary during the plan year?	<p>SAY:</p> <ul style="list-style-type: none"> • We will provide you with notification if brand ADVAIR DISKUS is removed from the formulary during the Plan year. • The type of notification depends on whether you are using the prescription drug and whether the change happens during the plan year or at the beginning of the next plan year. <ul style="list-style-type: none"> ◦ If we make this change during the plan year, and you are using ADVAIR DISKUS, you will receive written notification of the change in your Explanation of Benefits (EOB). ◦ If we make this change at the beginning of the next plan year, the change will be noted in the formulary included as part of your Annual Notice of Change (ANOC) packet. ◦ You should review your plan's formulary carefully. • If brand ADVAIR DISKUS is removed from the formulary and you want to continue using brand ADVAIR DISKUS, you will have the option to request a formulary exception. • However, exception requests for non-formulary prescription drugs, if approved, are typically approved for coverage at the highest cost share level.
May I, as the beneficiary, request a coverage determination for the generic product?	<p>SAY:</p> <ul style="list-style-type: none"> • Yes, you as the beneficiary may request a coverage determination for fluticasone-salmeterol aerosol powder breath activated . <ul style="list-style-type: none"> ◦ However, exception requests for non-formulary prescription drugs, if approved, are typically approved for coverage at the highest cost share level.

	 Refer to the Med D Care - Coverage Determination/Appeal (New or Status Update) document.	
Will fluticasone-salmeterol aerosol powder breath activated be added to the formulary during the 2019 plan year?	SAY: <ul style="list-style-type: none"> The addition of the generic to the formulary will be re-evaluated during the year. 	
Will ADVAIR DISKUS cost more than fluticasone-salmeterol aerosol powder breath activated in any stage of the Medicare Part D benefit for LIS beneficiaries?	CCR Process Note: The CCR will review the following information for LIS beneficiaries on the anticipated costs of ADVAIR DISKUS vs. fluticasone-salmeterol aerosol powder breath activated during the fluticasone-salmeterol aerosol powder breath activated initial launch period:	
	For LIS 1 & 2 Beneficiaries:	SAY: <ul style="list-style-type: none"> Maybe. In the Catastrophic Coverage Stage of the benefit, you will continue to receive ADVAIR DISKUS at no cost. If you have not yet reached the Catastrophic Coverage Stage, you might have to pay your brand name copayment for ADVAIR DISKUS until you reach the Catastrophic Coverage Stage.
	For LIS 3 Beneficiaries:	SAY: <ul style="list-style-type: none"> No.
	For LIS Tier 3 Beneficiaries:	SAY: <ul style="list-style-type: none"> Maybe. If you are in the Initial Coverage Limits Stage (ICL) or the Post-Initial Coverage Limits Stage

		<p>of the benefit you will continue to pay your current coinsurance for ADVAIR DISKUS.</p> <ul style="list-style-type: none"> If you are in the Catastrophic Coverage Stage, you will continue to pay the LIS brand name copayment for ADVAIR DISKUS.
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[Top of the Document](#)**Log Activity**

1003 – Plan Design Education

[Top of the Document](#)**Resolution Time**

Information = immediate

[Top of the Document](#)**Parent SOP**

CALL-00Tier 38: [Medicare Part D Customer Care Call Center Requirements- CVS Caremark Part D Services, L.L.C.](#)

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EXHIBIT 74

This transcript was exported on Feb 18, 2022 - view latest version [here](#).

Kandace Thomas : Thank you for calling Customer Care. My name is Candace. Can I have the member's first and last name?

Beneficiary 15: [REDACTED].

Kandace Thomas : Okay, spell your first name for me.

Beneficiary 15: [REDACTED].

Kandace Thomas : All right. And what is your date of birth?

Beneficiary 15: [REDACTED].

Kandace Thomas : Okay. And Ms. George, can you give me your zip code?

Beneficiary 15: [REDACTED].

Kandace Thomas : Perfect. And just one of the medications that you take.

Beneficiary 15: Advair Diskus.

Kandace Thomas : All right. Perfect. And thank you so much for that. How can I assist you today?

Beneficiary 15: Pardon?

Kandace Thomas : How can I assist you today?

Beneficiary 15: Okay. I went to get my Advair Diskus, and I know that there's a generic available and it seems like SilverScript is not covering the generic and because it's not on the formulary and that is wrong. And I would like the Wixela.

Kandace Thomas : Okay. So you would prefer the generic?

Beneficiary 15: Yes. The pharmacy is supposed to offer me the generic versus the preferred brand and the SilverScript should not have anything to do with my preference with, especially when there's a generic available.

Beneficiary 15: Right. Okay. Well-

Beneficiary 15: And another thing is the cost probably will be cheaper and I won't go in the donut hole maybe.

Kandace Thomas : Okay. Well, in this case, let's see. This brand, yeah so the generic is not on the formulary. And so I'm looking at it now and I do see here that the generic is not on the formulary. So in this case, the brand is preferred. In some cases they prefer the generics, but in this case, the brand is preferred. So are you wanting to see about trying to get the generic?

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Beneficiary 15: Yes. Yes.

Kandace Thomas : Okay. So let's see. Okay. All right. So that would require, so what'll have to happen is called a formulary exception since this one is not on the formulary. We'll have to start the process to try and get this particular one on the formulary in your case. Okay. So that means I have to get our Care Exception Review Team on the line. They'll speak with you, and then they'll get our Coverage Determination Team. And they'll let you know the steps from there. Okay?

Beneficiary 15: Okay.

Kandace Thomas : All right. So bear with me one moment here and let me get them on the line.

Beneficiary 15: Who will I be speaking with?

Kandace Thomas : I'm going to get our Care Exception Review Team on the line.

Beneficiary 15: Our what? It's hard to understand you for some reason.

Kandace Thomas : Okay. I do apologize. It's called the Care Exception Review Team.

Beneficiary 15: Care reception Review Team.

Kandace Thomas : Yes, ma'am.

Beneficiary 15: Something like that.

Kandace Thomas : Except, uh-huh (affirmative), yeah. They're going to offer alternatives, that is their stage in the process. And if you just want this particular one, then at that point, they'll get our Coverage Determination Team. Okay.

Beneficiary 15: Okay.

Kandace Thomas : All right. So bear with me one moment. Let me get them on the line for you.

Beneficiary 15: Okay.

Kandace Thomas : All right. [REDACTED] ?

Beneficiary 15: Yeah.

Kandace Thomas : Yes. So I got the Care Exception Review Team on the line. And when I explained to them what was going on, you were wanting to get the Wixela covered, she had let me know that in cases where the note says dispense brand, you have to get the brand. She said there's no way you can get a formulary exception on that, because it's specifically saying. She said normally when they say that, that

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means there's something going on with the generic. So they prefer the brand. And actually now that I'm doing it, that Wixela is way more expensive than the Advair. The Wixela is almost \$200.

Beneficiary 15: \$200 for whom?

Kandace Thomas : For the Wixela, the generic.

Beneficiary 15: I pay \$38 for Advair myself through SilverScript.

Kandace Thomas : Right.

Beneficiary 15: The plan paid \$359.48.

Kandace Thomas : Yes ma'am.

Beneficiary 15: What are you telling me?

Kandace Thomas : What I'm telling you is that the Wixela, if you were to get that one... you can't get an exception on it. But the only good thing with that is that if you were to pay for the Wixela, you're going to be paying \$128 for it. The brand is actually cheaper.

Beneficiary 15: I know somebody that gets it and they don't pay that.

Kandace Thomas : Well, they-

Beneficiary 15: Well, it sounds like SilverScript just doesn't want to change because it's to their benefit and I'm not feeling that they're thinking of the consumer and it's hard for me to believe that the generic is pricier than the Advair.

Kandace Thomas : Yes, ma'am.

Beneficiary 15: It shouldn't be that way. Well, maybe according to SilverScript, because they want it to be. So there is no exception, right? Is that what you're telling me?

Kandace Thomas : That is what I was told by our Care Exception Review member. When it says to dispense the brand, normally in cases when it says specifically dispense the brand, that means we're giving you the brand instead of the generic because something is going on with that generic. And that's actually looking-

Beneficiary 15: What?

Kandace Thomas : If I knew, I promise I would tell you. I really don't know that it's just what she said, but it has a specific note. And even when they pulled it up at the pharmacy, it literally says dispense brand. So if there's something going on

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where we don't want to give it to you, where it may affect you, then we're not going to. We don't want you to receive anything that's not-

Beneficiary 15: Well, I will talk with my doctor about this and I will find out other things and-

Kandace Thomas : Okay.

Beneficiary 15: If I don't like what SilverScript is doing, I won't have script in the future. So I will find out on my own what the scoop is. But I don't like personally what SilverScript is doing.

Kandace Thomas : Okay. Now if you're wanting to talk to somebody and maybe see if they can do the exception, I was just told-

Beneficiary 15: But you just told me that there are no exceptions.

Kandace Thomas : That is what I just told you, but what I'm asking you now, well... There's no. Okay.

Beneficiary 15: Pardon?

Kandace Thomas : No, you're right. There's no exception on that. So was there anything else I could assist you with today other than discussing that Advair and that Wixela?

Beneficiary 15: No, not right now.

Kandace Thomas : Perfect. Well, thank you so much for calling and you enjoy the rest of your day.

EXHIBIT 75

This transcript was exported on Jan 24, 2022 - view latest version [here](#).

Recording: You have reached the CD specialized team. Please hold for the next representative. Your call may be monitored or recorded to ensure quality.

Kiana: Thank you for calling the care center review team. My name is Kiana. Can I have your first name, last initial?

Kandace Thomas: Candace T., like Tom.

Kiana: All right. What's your ZID?

Kandace Thomas: My ZID is 260714.

Kiana: Site location?

Kandace Thomas: Jonesboro.

Kiana: Who is the supervisor?

Kandace Thomas: Thomas B., like boy.

Kiana: What is the members ID?

Kandace Thomas: That is [REDACTED].

Kiana: Members name, date of birth, and client code?

Kandace Thomas: [REDACTED].

Kiana: Do you need a code for the member for the authenticate?

Kandace Thomas: Yes.

Kiana: Okay. What's the reason for the call?

Kandace Thomas: She was trying to get her WIXELA INHUB filled, but she was told at the pharmacy that she had to use the brand name, which ADVAIR DISKUS. She's really upset about that. She wants to use the generic. She's wanting to get an exception on that one.

Kiana: She can not use that medication. She has to use the brand. That's why it's saying dispense her to brand.

Kandace Thomas: She was saying it's wrong, and you can't tell me what to buy. She absolutely cannot get an exception on that WIXELA?

This transcript was exported on Jan 24, 2022 - view latest version [here](#).

Kiana: No. That one, that medication, anytime they say dispense brand, it's something going on with that medication. We have to dispense her the brand. Her doctor actually wrote her a prescription for the brand. We have to give her.

Kandace Thomas: Right. She knows that she was wrote that prescription. She is wanting it... I'll just let her know that she has to get that one.

Kiana: Right. If she was to get that medication, it's going to be higher than the one she has, it's almost \$100.00. That medication, she has to be dispensed the brand. That's what she has to have.

Kandace Thomas: Okay. All right. Sounds good. Thank you so much.

Kiana: You're welcome. Anything else I can assist you with today?

Kandace Thomas: No, that's it.

Kiana: All right. Thank you. Have a good day.

Kandace Thomas: You, too.

EXHIBIT 76

CAREMARK

PeopleSafe®

Close

Eligibility Maintenance

Participant Inquiry

Resolution Manager

Medicare Inquiry

View Opportunities

Tools:
-- Select A Tool --

Client: ██████████ SILVERSCRIPT-INDIV-ENROLL

System: RXCLAIM

External ID ██████████

Name ██████████

Gndr F

Relationship MEMBER

Born ██████████ 941

Effective 04-01-2018

Expiration 12-31-2039

Male Screen

Financial Details

View Activity

Prescription History

Test Claim

Plan Benefit Override

Account Balance

Explanation of Benefits

Transaction History

Communication History

Caremark.com

Pharmacy Network

Retail Transaction

Plan Summary

FSA/HSA/HRA History

Coordination of Benefits

Order Placement

Adjustments

Client Managed G & A

View Triggers

Prescription for: ██████████ MEMBER

Delivery System: POINT OF SALE

Dispense As Written: 9 - PLAN REQ BRAND

Prescription Number: ██████████ [Go to Reimbursement...](#)

Pharmacy NPI: ██████████

Drug Price Type: AVERAGE WHOLESALE PRICE

Drug NDC: 173069600

Pharmacy NCPDP: ██████████

Drug Price Source: MEDISPAN

Drug Name: [ADVAIR DISKUS](#)

Pharmacy Name: [CVS PHARMACY](#) ██████████

Client Claim Price Type:

Pharmacy Claim Price Type:

Participant Pay

Participant Copy: 38.00

Initial Copy: 38.00

Gap Copy: 0.00

Catastrophic Copy: 0.00

Network Penalty: 0.00

Deductible: 0.00

MAC / DAW Penalty: 0.00

Non Formulary Penalty: 0.00

After MAB: 0.00

- FSA Contribution Amount: 0.00

- HRA Contribution Amount: 0.00

+ COB Non Covered Amt: 0.00

=====

Participant Cost: 38.00

Client Pay

Usual and Customary:

Cost Submitted: 472.72

Cost Allowed: 397.08

Other Payer Recognized: 0.00

Dispensing Fee: 0.40

Level Of Effort Fee: 0.00

Administration Fee: 0.00

Performance / Service Fee: 0.00

Sales Tax: 0.00

PRX Fee Amount: 0.00

Client Billed Cost: 0.00

Total Client Cost: 359.48

Pharmacy Pay:

Usual and Customary:

Cost Allowed: 397.08

Other Payer Recognized: 0.00

Dispensing Fee: 0.40

Level Of Effort Fee: 0.00

Administration Fee: 0.00

Performance / Service Fee: 0.00

Sales Tax: 0.00

PDP Service Fee: 0.00

Other Amount Paid: 0.00

Total Pharmacy Reimbursement: 359.48

Health Reimbursement Account:

Benefits: 0.00

Member Access Fee: 0.00

Amount Used: 0.00

HRA Remaining Balance: 0.00

Capture Activity

Med D Financials:

LICS Paid by Plan: 0.00

SPAP/Integrator Paid Amt: 0.00

Reported Gap Discount: 0.00

Deductible Gross Cost: 0.00

Deductible Plan Pay: 0.00

Initial Gross Cost: 397.48

Initial Plan Pay: 359.48

Gap Gross Cost: 0.00

Gap Plan Pay: 0.00

Catastrophic Gross Cost: 0.00

Catastrophic Plan Pay: 0.00

Miscellaneous

Applied To Out of Pocket: 0.00

Applied To TrOOP: 0.00

Applied To OOPM/MOOP: 0.00

Paid by Other Insurance: 0.00

Alternate Amount Paid: 0.00

Previous Amount Paid: 0.00

In Network Accumulation: 0.00

Out of Network Accumulation: 0.00

View Settlement Codes

View Comments

Back

Pharmacy
Reimbursement

Reimbursement Type:
Reimbursement Number:
Reimbursement Amount:
Posting Date:
Reporting Number:

Reversal

Reimbursement Type:
Reimbursement Number:
Reimbursement Amount:
Posting Date:
Reporting Number:

View Reimbursements

Recipient

Name:
Alternate Name:
Address:
City:
State:
Zip:

[Go to top](#)

EXHIBIT 77

2019.02.27 Advair Diskus Gx Rejected Claims

<u>Date of Service</u> <u>(Fill Date)</u>	<u>RxClaim Claim #</u>	<u>Drug Label Name</u>	<u>Claim Status</u>	<u>Local Msg</u> <u>(Custom Message)</u>
02/27/2019	190644495902010	FLUTIC/SALME AER 100/50	R	DISPENSE BRAND - ADVAIR DISKUS
02/27/2019	190644495940010	FLUTIC/SALME AER 100/50	R	DISPENSE BRAND - ADVAIR DISKUS
02/27/2019	190644495948010	FLUTIC/SALME AER 100/50	R	DISPENSE BRAND - ADVAIR DISKUS
02/27/2019	190644495964010	FLUTIC/SALME AER 100/50	R	DISPENSE BRAND - ADVAIR DISKUS
02/27/2019	190644495970010	FLUTIC/SALME AER 100/50	R	DISPENSE BRAND - ADVAIR DISKUS
02/27/2019	190644495987010	FLUTIC/SALME AER 100/50	R	DISPENSE BRAND - ADVAIR DISKUS
02/27/2019	190644495993010	FLUTIC/SALME AER 100/50	R	DISPENSE BRAND - ADVAIR DISKUS
02/27/2019	190644496009010	FLUTIC/SALME AER 100/50	R	DISPENSE BRAND - ADVAIR DISKUS
02/27/2019	190644496015010	FLUTIC/SALME AER 100/50	R	DISPENSE BRAND - ADVAIR DISKUS
02/27/2019	190644496032010	FLUTIC/SALME AER 100/50	R	DISPENSE BRAND - ADVAIR DISKUS
02/27/2019	190644496038010	FLUTIC/SALME AER 100/50	R	DISPENSE BRAND - ADVAIR DISKUS
02/27/2019	190644496054010	FLUTIC/SALME AER 100/50	R	DISPENSE BRAND - ADVAIR DISKUS
02/27/2019	190644496061010	FLUTIC/SALME AER 250/50	R	DISPENSE BRAND - ADVAIR DISKUS
02/27/2019	190644496077010	FLUTIC/SALME AER 250/50	R	DISPENSE BRAND - ADVAIR DISKUS
02/27/2019	190644496084010	FLUTIC/SALME AER 250/50	R	DISPENSE BRAND - ADVAIR DISKUS
02/27/2019	190644496100010	FLUTIC/SALME AER 250/50	R	DISPENSE BRAND - ADVAIR DISKUS
02/27/2019	190644496106010	FLUTIC/SALME AER 250/50	R	DISPENSE BRAND - ADVAIR DISKUS
02/27/2019	190644496122010	FLUTIC/SALME AER 250/50	R	DISPENSE BRAND - ADVAIR DISKUS
02/27/2019	190644496129010	FLUTIC/SALME AER 250/50	R	DISPENSE BRAND - ADVAIR DISKUS
02/27/2019	190644496145010	FLUTIC/SALME AER 250/50	R	DISPENSE BRAND - ADVAIR DISKUS

<u>Date of Service</u> <u>(Fill Date)</u>	<u>RxClaim Claim #</u>	<u>Drug Label Name</u>	<u>Claim Status</u>	<u>Local Msg</u> <u>(Custom Message)</u>
02/27/2019	190644496151010	FLUTIC/SALME AER 250/50	R	DISPENSE BRAND - ADVAIR DISKUS
02/27/2019	190644496168010	FLUTIC/SALME AER 250/50	R	DISPENSE BRAND - ADVAIR DISKUS
02/27/2019	190644496174010	FLUTIC/SALME AER 250/50	R	DISPENSE BRAND - ADVAIR DISKUS
02/27/2019	190644496190010	FLUTIC/SALME AER 250/50	R	DISPENSE BRAND - ADVAIR DISKUS
02/27/2019	190644496196010	FLUTIC/SALME AER 500/50	R	DISPENSE BRAND - ADVAIR DISKUS
02/27/2019	190644496212010	FLUTIC/SALME AER 500/50	R	DISPENSE BRAND - ADVAIR DISKUS
02/27/2019	190644496219010	FLUTIC/SALME AER 500/50	R	DISPENSE BRAND - ADVAIR DISKUS
02/27/2019	190644496234010	FLUTIC/SALME AER 500/50	R	DISPENSE BRAND - ADVAIR DISKUS
02/27/2019	190644496241010	FLUTIC/SALME AER 500/50	R	DISPENSE BRAND - ADVAIR DISKUS
02/27/2019	190644496257010	FLUTIC/SALME AER 500/50	R	DISPENSE BRAND - ADVAIR DISKUS
02/27/2019	190644496263010	FLUTIC/SALME AER 500/50	R	DISPENSE BRAND - ADVAIR DISKUS
02/27/2019	190644496280010	FLUTIC/SALME AER 500/50	R	DISPENSE BRAND - ADVAIR DISKUS
02/27/2019	190644496286010	FLUTIC/SALME AER 500/50	R	DISPENSE BRAND - ADVAIR DISKUS
02/27/2019	190644496302010	FLUTIC/SALME AER 500/50	R	DISPENSE BRAND - ADVAIR DISKUS
02/27/2019	190644496308010	FLUTIC/SALME AER 500/50	R	DISPENSE BRAND - ADVAIR DISKUS
02/27/2019	190644496323010	FLUTIC/SALME AER 500/50	R	DISPENSE BRAND - ADVAIR DISKUS
02/27/2019	190644496330010	WIXELA INHUB AER 100/50	R	DISPENSE BRAND - ADVAIR DISKUS
02/27/2019	190644496345010	WIXELA INHUB AER 100/50	R	DISPENSE BRAND - ADVAIR DISKUS
02/27/2019	190644496351010	WIXELA INHUB AER 100/50	R	DISPENSE BRAND - ADVAIR DISKUS
02/27/2019	190644496367010	WIXELA INHUB AER 100/50	R	DISPENSE BRAND - ADVAIR DISKUS
02/27/2019	190644496373010	WIXELA INHUB AER 100/50	R	DISPENSE BRAND - ADVAIR DISKUS
02/27/2019	190644496389010	WIXELA INHUB AER 100/50	R	DISPENSE BRAND - ADVAIR DISKUS

<u>Date of Service</u> <u>(Fill Date)</u>	<u>RxClaim Claim #</u>	<u>Drug Label Name</u>	<u>Claim Status</u>	<u>Local Msg</u> <u>(Custom Message)</u>
02/27/2019	190644496395010	WIXELA INHUB AER 100/50	R	DISPENSE BRAND - ADVAIR DISKUS
02/27/2019	190644496411010	WIXELA INHUB AER 100/50	R	DISPENSE BRAND - ADVAIR DISKUS
02/27/2019	190644496417010	WIXELA INHUB AER 100/50	R	DISPENSE BRAND - ADVAIR DISKUS
02/27/2019	190644496433010	WIXELA INHUB AER 100/50	R	DISPENSE BRAND - ADVAIR DISKUS
02/27/2019	190644496439010	WIXELA INHUB AER 100/50	R	DISPENSE BRAND - ADVAIR DISKUS
02/27/2019	190644496455010	WIXELA INHUB AER 100/50	R	DISPENSE BRAND - ADVAIR DISKUS
02/27/2019	190644496461010	WIXELA INHUB AER 250/50	R	DISPENSE BRAND - ADVAIR DISKUS
02/27/2019	190644496476010	WIXELA INHUB AER 250/50	R	DISPENSE BRAND - ADVAIR DISKUS
02/27/2019	190644496482010	WIXELA INHUB AER 250/50	R	DISPENSE BRAND - ADVAIR DISKUS
02/27/2019	190644496498010	WIXELA INHUB AER 250/50	R	DISPENSE BRAND - ADVAIR DISKUS
02/27/2019	190644496504010	WIXELA INHUB AER 250/50	R	DISPENSE BRAND - ADVAIR DISKUS
02/27/2019	190644496520010	WIXELA INHUB AER 250/50	R	DISPENSE BRAND - ADVAIR DISKUS
02/27/2019	190644496526010	WIXELA INHUB AER 250/50	R	DISPENSE BRAND - ADVAIR DISKUS
02/27/2019	190644496542010	WIXELA INHUB AER 250/50	R	DISPENSE BRAND - ADVAIR DISKUS
02/27/2019	190644496548010	WIXELA INHUB AER 250/50	R	DISPENSE BRAND - ADVAIR DISKUS
02/27/2019	190644496564010	WIXELA INHUB AER 250/50	R	DISPENSE BRAND - ADVAIR DISKUS
02/27/2019	190644496570010	WIXELA INHUB AER 250/50	R	DISPENSE BRAND - ADVAIR DISKUS
02/27/2019	190644496586010	WIXELA INHUB AER 250/50	R	DISPENSE BRAND - ADVAIR DISKUS
02/27/2019	190644496592010	WIXELA INHUB AER 500/50	R	DISPENSE BRAND - ADVAIR DISKUS
02/27/2019	190644496609010	WIXELA INHUB AER 500/50	R	DISPENSE BRAND - ADVAIR DISKUS
02/27/2019	190644496615010	WIXELA INHUB AER 500/50	R	DISPENSE BRAND - ADVAIR DISKUS
02/27/2019	190644496630010	WIXELA INHUB AER 500/50	R	DISPENSE BRAND - ADVAIR DISKUS

<u>Date of Service</u> <u>(Fill Date)</u>	<u>RxClaim Claim #</u>	<u>Drug Label Name</u>	<u>Claim Status</u>	<u>Local Msg</u> <u>(Custom Message)</u>
02/27/2019	190644496636010	WIXELA INHUB AER 500/50	R	DISPENSE BRAND - ADVAIR DISKUS
02/27/2019	190644496652010	WIXELA INHUB AER 500/50	R	DISPENSE BRAND - ADVAIR DISKUS
02/27/2019	190644496658010	WIXELA INHUB AER 500/50	R	DISPENSE BRAND - ADVAIR DISKUS
02/27/2019	190644496674010	WIXELA INHUB AER 500/50	R	DISPENSE BRAND - ADVAIR DISKUS
02/27/2019	190644496680010	WIXELA INHUB AER 500/50	R	DISPENSE BRAND - ADVAIR DISKUS
02/27/2019	190644496697010	WIXELA INHUB AER 500/50	R	DISPENSE BRAND - ADVAIR DISKUS
02/27/2019	190644496703010	WIXELA INHUB AER 500/50	R	DISPENSE BRAND - ADVAIR DISKUS
02/27/2019	190644496719010	WIXELA INHUB AER 500/50	R	DISPENSE BRAND - ADVAIR DISKUS